

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90056 001 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000000681 1. Entity Name FLHUG, INC.					
Principal Place of Business ATTN: JAMES F. DEMAY 601 E. KENNEDY BLVD., 22ND FLOOR TAMPA, FL 33602			Mailing Address ATTN: JAMES F. DEMAY 601 E. KENNEDY BLVD., 22ND FLOOR TAMPA, FL 33602		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 04-3601190	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEMAY, JAMES F 601 E. KENNEDY BOULEVARD 22ND FLOOR TAMPA, FL 33602					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agents signature required when resigning)					
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUDD, SHANNON R 3600 W. SOVEREIGN PATH, SUITE 250 LECANTO, FL 34461	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	062303 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THIGPENN, JAMES A 601 E. KENNEDY BOULEVARD TAMPA, FL 33602	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEMAY, JAMES F 601 E. KENNEDY BOULEVARD TAMPA, FL 33602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. D Douglass, Donna 330 W. Church St. Bartow, FL 33830 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. T. D Chiong, Melissa 200 W. Tyler St. Tampa, FL 33602 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.					
SIGNATURE: <i>James F. Demay</i> V.P., D. 6/13/03 813 307-1724 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					