

2001. UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N11893**

1. Entity Name

HATCHINEHA CONSERVATION CLUB, INC.**FILED****Feb 05, 2001 8:00 am**
Secretary of State

02-05-2001 90095 045 ****61.25

Principal Place of Business

C/O GEORGE T. EIDSON, JR.
P.O. BOX 231
ORLANDO FL 32802-0231
US

Mailing Address

C/O GEORGE T. EIDSON, JR.
P.O. BOX 231
ORLANDO FL 32802-0231
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2948225

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EIDSON, GEORGE T JR
255 S ORANGE AVE
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **EIDSON, TED**
STREET ADDRESS **2807 EDGEWATER DRIVE**
CITY-ST-ZIP **ORLANDO FL 32804**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **EIDSON, FRANK**
STREET ADDRESS **661 VIRGINIA DRIVE**
CITY-ST-ZIP **WINTER PARK-FL 32789**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **HART, CUTTER**
STREET ADDRESS **2701 ARDSLEY DRIVE**
CITY-ST-ZIP **ORLANDO FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **RANDOLPH, RICHARD**
STREET ADDRESS **5341 OAK ISLAND ROAD**
CITY-ST-ZIP **ORLANDO FL 32809**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **EIDSON, GEORGE T., JR**
STREET ADDRESS **255 S ORANGE AVE 10TH FLOOR**
CITY-ST-ZIP **ORLANDO FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MONK, BRENT**
STREET ADDRESS **13177 OVERSTREET STREET**
CITY-ST-ZIP **WINDERMERE FL 34786**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the receiver 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)