

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

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90103 033 \*\*\*\*61.25

**DOCUMENT # N11893**

1. Entity Name

**HATCHINEHA CONSERVATION CLUB, INC.**



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

Zip

Country

Zip

Country

4. FEI Number **59-2948225**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D EIDSON, TED**  
STREET ADDRESS **2807 EDGEWATER DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32804**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D EIDSON, FRANK**  
STREET ADDRESS **661 VIRGINIA DRIVE**  
CITY-ST-ZIP **WINTER PARK FL 32789**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **~~PD~~ HART, CUTTER**  
STREET ADDRESS **~~2701 ARDLEY DRIVE~~**  
CITY-ST-ZIP **ORLANDO FL**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **2545 COOLIDGE AVENUE**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D RANDOLPH, RICHARD**  
STREET ADDRESS **5041 OAK ISLAND ROAD**  
CITY-ST-ZIP **ORLANDO FL 32809**

☐ Change ☒ Addition  
TITLE  
NAME  
STREET ADDRESS **D REX GODBER**  
CITY-ST-ZIP **15 E. YALE STREET**

TITLE ☐ Delete  
NAME **~~PD~~ EIDSON, GEORGE T., JR**  
STREET ADDRESS **255 S ORANGE AVE 10TH FLOOR**  
CITY-ST-ZIP **ORLANDO FL**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **PD**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **~~MONK, BRENT~~**  
STREET ADDRESS **~~13177 OVERSTREET STREET~~**  
CITY-ST-ZIP **~~WINDERMERE FL 34786~~**

☒ Change ☒ Addition  
TITLE  
NAME **D PAUL LINDER**  
STREET ADDRESS **28 E. WASHINGTON ST.**  
CITY-ST-ZIP **ORLANDO FL 32801**

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]*

1/7/03 407-843-7P60

CR2E037 (10/02)