

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31812

1. Entity Name

HUNTER'S RIDGE WATER, ENVIRONMENT AND WILDLIFE M

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90037 033 ****61.25

Principal Place of Business

Mailing Address

100 SHADOW CROSSINGS BLVD
 ORMOND BEACH FL 32174

100 SHADOW CROSSINGS BLVD
 ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2956921

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

GRIFFIN, TONYA L
 100 SHADOW CROSSINGS BLVD
 ORMOND BEACH FL 32174

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 PD ☐ Delete
 NAME UPSON, GERALD E
 STREET ADDRESS 100 SHADOW CROSSINGS BLVD
 CITY-ST-ZIP ORMOND BEACH FL

TITLE ☐ Change ☒ Addition
 NAME ~~UPSON, GERALD E~~
 STREET ADDRESS ~~100 SHADOW CROSSINGS BLVD~~
 CITY-ST-ZIP ~~ORMOND BEACH FL 32174~~

TITLE TSD ☐ Delete
 NAME GRIFFIN, TONYA L
 STREET ADDRESS 100 SHADOW CROSSINGS BLVD
 CITY-ST-ZIP ORMOND BEACH FL

TITLE ☐ Change ☒ Addition
 NAME Nathan Bob
 STREET ADDRESS 3 Whippys Ln Circle
 CITY-ST-ZIP Ormond Beach, FL 32174

TITLE ~~PD~~ ☐ Delete
 NAME SPEIDEL, BEN
 STREET ADDRESS 100 SHADOW CROSSINGS BLVD.
 CITY-ST-ZIP ORMOND BEACH FL

TITLE ☐ Change ☒ Addition
 NAME ~~UPSON, GERALD E~~
 STREET ADDRESS ~~100 SHADOW CROSSINGS BLVD~~
 CITY-ST-ZIP ~~ORMOND BEACH FL 32174~~

TITLE D ☒ Delete
 NAME WEINGARTNER, AL
 STREET ADDRESS 100 SHADOW CROSSINGS BOULEVARD
 CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Change ☒ Addition
 NAME Singer Harold
 STREET ADDRESS 100 Shadow Crossings Blvd.
 CITY-ST-ZIP Ormond Beach, FL 32174

TITLE D ☒ Delete
 NAME PIATKOWSKI, DAN
 STREET ADDRESS 100 SHADOW CROSSINGS BOULEVARD
 CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

(904) 677-7275

Date

Daytime Phone #

CR2E037 (9/99)