

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90065 012 ****61.25

DOCUMENT # N32194

1. Entity Name

HUNTER'S RIDGE UTILITY CORP.



Principal Place of Business

**100 SHADOW CROSSINGS BLVD
ORMOND BEACH FL 32174**

Mailing Address

**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 **59-2956916**

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. 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 **PD** ☐ Delete
NAME **DURALL, KEN**
STREET ADDRESS **100 SHADOW CROSSING BLVD.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **P** ☒ Change ☐ Addition
NAME **Ken Duval**
STREET ADDRESS **100 Shadow Crossings Blvd.**
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **VD** ☒ Delete
NAME **SPEIDEL, BEN**
STREET ADDRESS **100 SHADOW CROSSINGS BLVD.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **VD** ☐ Change ☒ Addition
NAME **Paul Swanski**
STREET ADDRESS **100 Shadow Crossings Blvd.**
CITY-ST-ZIP **Ormond Beach, FL 32174**

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

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

TITLE **D** ☒ Delete
NAME **MOORE, MARYANN**
STREET ADDRESS **100 SHADOW CROSSING BLVD.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☐ Change ☒ Addition
NAME **Harold W. Moore**
STREET ADDRESS **100 Shadow Crossing Blvd.**
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **D** ☒ Delete
NAME **SURRETTE, JACK**
STREET ADDRESS **100 SHADOW CROSSING BLVD.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **P** ☐ Change ☒ Addition
NAME **Kim Booker**
STREET ADDRESS **100 Shadow Crossings Blvd.**
CITY-ST-ZIP **Ormond Beach FL 32174**

TITLE **D** ☒ Delete
NAME **STOGNER, WILLIAM**
STREET ADDRESS **100 SHADOW CROSSING BLVD.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☐ Change ☒ Addition
NAME **Casey Rue**
STREET ADDRESS **100 Shadow Crossings Blvd.**
CITY-ST-ZIP **Ormond Beach, FL 32174**

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]* **2/14/23 (386) 1-77-7298**

CR2E037 (10/02)