# 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N41303

**1.** Entity Name

**BLACK HAMMOCK ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % THOMAS K. MCCORD<br>2310 SALT CREEK TRAIL<br>OVIEDO FL 32765 | P. O. BOX 621695<br>2310 SALT CREEK TRAIL<br>OVIEDO FL 32762-1695<br>US |

**2.** Principal Place of Business

**3.** Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

| City & State | City & State | **4.** FEI Number<br>59-3051897 | 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** |
|---|---|
| MCCORD, THOMAS K.<br>2310 SALT CREEK TRAIL<br>OVIEDO FL 32765 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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:**<br>**FEE IS $61.25** | **9.** Election Campaign Financing<br>Trust Fund Contribution. ☐ | **$5.00** May Be<br>Added to Fees | **Make Check Payable to**<br>**Department of State** |
|---|---|---|---|

| **10.** | OFFICERS AND DIRECTORS | | **11.** | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>VAN DUYNE, RICHARD II<br>2445 CANAL ST.<br>OVIEDO FL | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>Jim Logue<br>3205 Elm St.<br>Oviedo, Fl 32765 | ☒ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>DANIEL, WILLIAM R.<br>2075 PALM AVE.<br>OVIEDO FL | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>Mark Sullivan<br>3155 Stone St.<br>Oviedo, Fl 32765 | ☒ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MCCORD, THOMAS K<br>2310 SALT CREEK TR<br>OVIEDO FL | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

**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 _Thomas K. McCord_  Thomas K. McCord  4/22/2000  (407) 423-5355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #