

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001896

1. Entity Name

HALF MOON LAKE PUMP FUND ASSOCIATION, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90091 017 ****61.25

Principal Place of Business

Mailing Address

15918 WILLOWDALE ROAD
TAMPA FL 33625

15918 WILLOWDALE ROAD
TAMPA FL 33625-1353

2. Principal Place of Business

3. Mailing Address

15912 WILLOWDALE RD

15912 WILLOWDALE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAMPA, FL 33625

TAMPA, FL 33625

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

HENRY, THOMAS G
15918 WILLOWDALE RD.
TAMPA FL 33625

Name

HUTCHINSON, CRAIG B.

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

15912 WILLOWDALE RD

City

TAMPA, FL 33625

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.

Craig Hutchinson CRAIG HUTCHINSON, PRES.

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 HENRY, THOMAS G
STREET ADDRESS 15918 WILLOWDALE ROAD
CITY-ST-ZIP TAMPA FL 33625

TITLE D ☒ Change ☒ Addition
NAME HUTCHINSON, CRAIG B.
STREET ADDRESS 15912 WILLOWDALE RD.
CITY-ST-ZIP TAMPA, FL 33625

TITLE D ☐ Delete
NAME COWART, DAVID JR.
STREET ADDRESS 15918 WILLOWDALE ROAD
CITY-ST-ZIP TAMPA FL 33625

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

TITLE D ☐ Delete
NAME MESSER, NANCY
STREET ADDRESS 15918 WILLOWDALE ROAD
CITY-ST-ZIP TAMPA FL 33625

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

TITLE D ☒ Delete
NAME BROWN, JOE
STREET ADDRESS 15918 WILLOWDALE ROAD
CITY-ST-ZIP TAMPA FL 33625

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

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:

Nancy L Messer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY L MESSER

Date 11/17/00

Daytime Phone #

962-2643

813 960 3769

CR2E037 (9/99)