

2001 UNIFORM BUSINESS REPORT (UBR)

2/5

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-05-2001 90108 036 ****61.25

DOCUMENT # N95000001896

1. Entity Name

HALF MOON LAKE PUMP FUND ASSOCIATION, INC.

Principal Place of Business

Mailing Address

15912 WILLOWDALE ROAD
 TAMPA FL 33625

15912 WILLOWDALE ROAD
 TAMPA FL 33625

2. Principal Place of Business

3. Mailing Address

15912 WILLOWDALE RD

15912 WILLOWDALE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA

TAMPA

Zip

Country

Zip

Country

33625

33625

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

Name

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

City

FL

Zip Code

HUTCHINSON, CRAIG B
 15912 WILLOWDALE ROAD
 TAMPA FL 33625

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:
FE 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 HUTCHINSON, CRAIG B
 STREET ADDRESS 15912 WILLOWDALE ROAD
 CITY-ST-ZIP TAMPA FL 33625

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

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 D Jo-Anne Newby
 STREET ADDRESS 15906 Willowdale Rd
 CITY-ST-ZIP Tampa, FL 33625

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

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:

Craig Hutchinson CRAIG HUTCHINSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 31, 2001

Date

(813) 960-3769

Daytime Phone #

CR2E037 (10/00)