

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

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90135 003 \*\*\*\*\*70.00

**DOCUMENT # N96000001805**

1. Entity Name

**HAMILTON COUNTY PROPERTIES, INC.**



Principal Place of Business

**16954 SE COUNTY ROAD 137  
WHITE SPRINGS FL 32096  
US**

Mailing Address

**16954 SE COUNTY ROAD 137  
WHITE SPRINGS FL 32096  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3451953**

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

**STEWART, HARRY E  
5544 SE 119TH PL  
JASPER FL 32052**

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

*Harry Stewart*

**HARRY STEWART**

**4-9-03**

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	<input type="checkbox"/> Delete
NAME	STEWART, HARRY E	
STREET ADDRESS	5544 SE 119TH PL	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STORMART, KEITH	
STREET ADDRESS	10029 SE CR 135	
CITY-ST-ZIP	WHITE SPRINGS FL 32096	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CHARLES M. MORGAN	
STREET ADDRESS	RT 11, BOX 350	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STRAWDER, BOBBY	
STREET ADDRESS	HC01 BOX 59C	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FENNEMAN, DON	
STREET ADDRESS	2618 NW 99TH AVE	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RAINES, CARROLL	
STREET ADDRESS	RT. 12 BOX 13 M	
CITY-ST-ZIP	LAKE CITY FL 32-025	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON FENNEMAN	
STREET ADDRESS	2618 N.W. 99TH AVE	
CITY-ST-ZIP	Jasper, FL 32052	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phillip W. MCINTyre	
STREET ADDRESS	Rt 19 Box 1118	
CITY-ST-ZIP	LAKE City, FL 32025	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shannon McQuiston	
STREET ADDRESS	1336 NE LANTANA	
CITY-ST-ZIP	Lee, FL 32059	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Don Fenneman* **Don Fenneman** **4-9-03** **386-397-2697**

CR2E037 (10/02)