**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 06, 2001 8:00 am Secretary of State DOCUMENT # **N98000001435** 1. Entity Name FORTUNE CENTRE OWNERS' ASSOCIATION, INC. 08-06-2001 90003 027 \*\*\*\*61.25 Principal Place of Business Mailing Address 2324 CENGERVILLE ROAD 2324 CENGERVILLE ROAD TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address FORTUNE BLUD P.O. BOX 3503 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE ALLAHASSEE, FLA Not Applicable Zip 32317 \$8.75 Additional Fee Required 5. Certificate of Status Desired V5 N VSA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NGER Box Number is Not Acceptable) FOR TWE BLVd HUNT, JIOHN E JR. 2324 CENGERVILLE ROAD 323 43 TALLÄHASSEE FL 32308 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees After September 12, 2001, min. will be \$236.25 **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITI F ☐ Addition 5/01 WHITE, ARMER E NAME NAME STREET ADDRESS 2324 CENTERVILLE ROAD STREET ADDRESS R2E037 CITY-ST-ZIF TALLAHASSEE FL 32308 CITY-ST-ZIP VSTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUNT, JOHN E SR. NAME NAME STREET ADDRESS 2324 CENTERVILLE ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition HUNT, JOHN E JR. NAME NAME STREET ADDRESS 2324 CENTERVILLE ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-7IP ☐ Change TITLE ☐ Delete ☐ Addition HITTINGER, STEVE NAME. NAME:-P.O. BOX 13503 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32317 CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE ☐ Addition HATCHER, JIMMY NAME NAME P.O. BOX 13503 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32317 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS 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:

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850-580-9800