

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004098

1. Entity Name

FIRST FLORIDA CALVARY, INC.

Principal Place of Business

8130 S.E. 45TH STREET  
NEWBERRY FL 32669

Mailing Address

8130 S.E. 45TH STREET  
NEWBERRY FL 32669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3594747

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

KUNTZ, DAVID L JR  
5393 PAINTED PONY AVE  
MELROSE FL 32666

Name DAVID L. KUNTZ, JR.

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

1511 BADEN POWELL RD.

City HAWTHORNE

FL

Zip Code

32640

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 the applicable.

DAVID L. KUNTZ, JR.

(NOTE: Registered Agent signature required when reinstating)

DATE

3 APR 02

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 NAME ☐ Delete  
PD  
BISHOP, JAMES L  
STREET ADDRESS 8130 S.E. 45TH STREET  
CITY-ST-ZIP NEWBERRY FL 32669

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

TITLE NAME ☐ Delete  
STD  
KUNTZ, DAVID L JR  
STREET ADDRESS 5393 PAINTED PONY AVE  
CITY-ST-ZIP MELROSE FL 32666

TITLE NAME ☒ Change ☐ Addition  
SECY/TREAS DIR.  
DAVID L. KUNTZ, JR.  
STREET ADDRESS 1511 BADEN POWELL RD  
CITY-ST-ZIP HAWTHORNE, FL 32640

TITLE NAME ☐ Delete  
D  
SCOTT, HERB  
STREET ADDRESS P.O. BOX 2  
CITY-ST-ZIP WAVERLY GA 31565

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

TITLE NAME ☐ Delete  
D  
ELLIS, BOB  
STREET ADDRESS RT 1 BOX 482  
CITY-ST-ZIP WHITE SPRINGS FL 32096

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

DAVID L. KUNTZ, JR

3 APR 02

352-475-3798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0065564

CR2E037 (9/01)

FILED  
Apr 10, 2002 8:00 am  
Secretary of State

04-10-2002 90463 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE