

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009553

1. Entity Name

HUNT-HUTCHISON, REAL ESTATE AUTIONEERS, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90011 009 ***150.00

Principal Place of Business

686 OLD HWY. 98, SUITE 102
DESTIN FL 32541

Mailing Address

686 OLD HWY. 98, SUITE 102
DESTIN FL 32541

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

58-2598014

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

HUTCHISON, WILLIAM R JR
686 OLD HWY. 98, SUITE 102
DESTIN FL 32541

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001, Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HUTCHISON, WILLIAM R
CITY-ST-ZIP 26 INDIGO LOOP S.
DESTIN FL 32541

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Haley, Robert D.
CITY-ST-ZIP 338 Neal Howell Road
Bowling Green KY 42104

TITLE ☐ Delete
NAME D
STREET ADDRESS HUNT, THOMAS R
CITY-ST-ZIP 178 RIDGEWOOD DRIVE
BOWLING GREEN KY 42103

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

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/2001

270-782-2299