

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006654

1. Entity Name

HIDDEN COVE OUTDOOR RESORT, INC.

f

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90004 044 ***150.00

Principal Place of Business

BETHEL RD
ALLEY AL 35541
US

Mailing Address

5300 S FLORIDA AVE BLDG E
P.O. BOX 5330
LAKELAND FL 33807
US

2. Principal Place of Business

29 E. 13TH STREET

3. Mailing Address

P.O. BOX 70068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. CLOUD, FLORIDA

City & State

ST. CLOUD, FLORIDA

Zip

34769

Country

USA

Zip

34770

Country

USA

4. FEI Number

59-3156201

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURKEY, JOHN D
1400 GRASSLANDS BLVD #66
LAKELAND FL 33803

7. Name and Address of New Registered Agent

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
ST
BURKEY, DEAN J
STREET ADDRESS
1423 S LINCOLN AVE
CITY-ST-ZIP
LAKELAND FL ☐ DeleteTITLE
NAME
P
BURKEY, JOHN D
STREET ADDRESS
1400 GRASSLANDS BLVD, #66
CITY-ST-ZIP
LAKELAND FL ☐ DeleteTITLE
NAME

STREET ADDRESS

CITY-ST-ZIP ☐ DeleteTITLE
NAME

STREET ADDRESS

CITY-ST-ZIP ☐ DeleteTITLE
NAME

STREET ADDRESS

CITY-ST-ZIP ☐ DeleteTITLE
NAME

STREET ADDRESS

CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/2000 (863) 602-6000