

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90087 049 ***150.00

DOCUMENT # P 93 0000 64317

1. Entity Name

Hunter Development, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3100 Sand Mine Rd., P.O. Box 610

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 610

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Davenport, FL

City & State

Apopka FL

4. FEI Number

59-3251205

Applied For

Not Applicable

Zip

33897

Country

USA

Zip

32704

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Meixner, Deanna

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

605 Robin Ln.

City

Apopka

FL

Zip Code

32712

**DO NOT WRITE
IN THIS SPACE**

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

Deanna Meixner
Deanna Meixner

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD
NAME Meadows, David M.
STREET ADDRESS 400 Saddleworth Place
CITY-ST-ZIP Heathrow, FL 32746

TITLE VP
NAME Meixner, Deanna
STREET ADDRESS 605 Robin Lane
CITY-ST-ZIP Apopka, FL 32712

TITLE S
NAME Acireale, Tiffany
STREET ADDRESS 510 Douglas Ave Suite 1001
CITY-ST-ZIP Altamonte Springs, FL 32714

TITLE T
NAME Clark, Linda C.
STREET ADDRESS 400 Saddleworth Pl.
CITY-ST-ZIP Heathrow, FL 32746

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David Meadows

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID MEADOWS

4/30/02

Date

407.333.4216

Daytime Phone #

CR2E034B (12/01)