

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004512

1. Entity Name

HUTCHENS FAMILY INVESTMENT CORP.

Principal Place of Business

4353 HANCOCK BRIDGE PKWY
N FT MYERS FL 33903
US

Mailing Address

4353 HANCOCK BRIDGE PKWY
N. FORT MYERS FL 33903
US

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 65-0454506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUTCHENS, JOAN
22409 LACOMBE AVE
PORT CHARLOTTE FL 33952

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 \$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

TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHENS, ERIC	
STREET ADDRESS	P.O. BOX 3648 N/A	
CITY-ST-ZIP	PORT CHARLOTTE FL 33949	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHENS, JOAN	
STREET ADDRESS	P.O. BOX 3648 N/A	
CITY-ST-ZIP	PORT CHARLOTTE FL 33949	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ERIC HUTCHENS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22409 LACOMBE AVE	
STREET ADDRESS	PORT CHARLOTTE, FL 33952	
CITY-ST-ZIP		
TITLE	JOAN HUTCHENS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22409 LACOMBE AVE	
STREET ADDRESS	PORT CHARLOTTE, FL 33952	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

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

02-14-2001 90026 043 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)