

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087238

1. Entity Name
HUNTER INSURANCE AGENCY, INC.

Principal Place of Business

620 E. COLONIAL DR.
ORLANDO FL 32803

Mailing Address

P.O. BOX 531166
ORLANDO FL 32853-1166

2. Principal Place of Business

1331 N. MILLS AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32803

Country

Zip

Country

4. FEI Number **65-0627883**

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

HANKS, KENNEY M
620 E. COLONIAL DR.
ORLANDO FL 32803

Name

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

1331 N. MILLS AVENUE

City

ORLANDO

FL

Zip Code

32803

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

KENNEY M. HANKS
KENNEY M. HANKS

04/10/01

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 **PD** ☐ Delete
NAME **HANKS, KENNEY M**
STREET ADDRESS **620 E. COLONIAL DR**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **D** ☐ Delete
NAME **DINKLAGE, KENNETH H**
STREET ADDRESS **625 E. COLONIAL DR**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **D** ☐ Delete
NAME **HUNTER, CLAUDE G**
STREET ADDRESS **620 E. COLONIAL DR**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1331 N. MILLS AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1331 N. MILLS AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32803**

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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:

KENNEY M. HANKS
KENNEY M. HANKS

04/10/01

Date

407 841-1080

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90242 020 ***150.00

00000331



DO NOT WRITE IN THIS SPACE