

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008270

1. Entity Name

HUNTER CONSTRUCTION GROUP, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90056 029 ***150.00

Principal Place of Business

Mailing Address

237-B BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830-9599

P. O. BOX 2362
BARTOW FL 33595-0649
US

2. Principal Place of Business

3722 Southview Drive

3. Mailing Address

P.O. Box 0649

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Valrico, FL

4. FEI Number

59-3423255

Applied For

Not Applicable

Zip

Country

33511-7807

USA

Zip

Country

33595-0649

USA

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

DAVENPORT, GRACE
237-B BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830-9599

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, 2000 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	PSTD	<input type="checkbox"/> Delete
NAME	DAVENPORT, GRACE F	
STREET ADDRESS	237-B BARTOW MUNICIPAL AIRPORT	
CITY-ST-ZIP	BARTOW FL 33830-9599	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAVENPORT, LAWRENCE H	
STREET ADDRESS	237-B BARTOW MUNICIPAL AIRPORT	
CITY-ST-ZIP	BARTOW FL 33830-9599	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, GRACE F	
STREET ADDRESS	3722 Southview Drive	
CITY-ST-ZIP	Brandon, FL 33511-7807	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, LAWRENCE H	
STREET ADDRESS	3722 Southview Drive	
CITY-ST-ZIP	Brandon, FL 33511-7807	
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		
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:

Grace F. Davenport
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 2000, (813) 657-1844

Date

Daytime Phone #

Grace F. Davenport

CR2E034 (9/99)