

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016607

1. Entity Name

TJH DEVELOPMENT CORPORATION

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90085 035 ***550.00

Principal Place of Business

~~205 EAST CENTRAL BLVD.~~
~~SUITE 300~~
~~ORLANDO FL 32801~~

Mailing Address

~~205 EAST CENTRAL BLVD.~~
~~SUITE 300~~
~~ORLANDO FL 32801-1966~~

2. Principal Place of Business

222 W. Comstock Ave

3. Mailing Address

222 W. Comstock Ave

Suite, Apt. #, etc.

Suite 221

Suite, Apt. #, etc.

Suite 221

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

ORANGE

Zip

32789

Country

ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3448168

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

Name

HUTCHISON, THOMAS J III
~~205 EAST CENTRAL BLVD.~~
~~SUITE 300~~
~~ORLANDO FL 32801~~

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

222 W. Comstock Ave

Suite 221

City

Winter Park

FL

Zip Code

32789

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

Thomas J. Hutchison

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

(NOTE: Registered Agent signature required when reinstating)

4/30/00

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	D	<input type="checkbox"/> Delete
NAME	HUTCHISON, THOMAS J III	
STREET ADDRESS	920 GREENTREE DRIVE	259 Rippling Lane
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHISON, DEANNE	
STREET ADDRESS	920 GREENTREE DRIVE	259 Rippling Lane
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHISON, CATHERINE F	
STREET ADDRESS	920 GREENTREE DRIVE	259 Rippling Lane
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHISON, ANDREW K	
STREET ADDRESS	920 GREENTREE DRIVE	259 Rippling Lane
CITY-ST-ZIP	WINTER PARK FL 32789	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Deanne Hutchison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/00

Daytime Phone #

407-622-1001