

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039045

1. Entity Name

RG/HUNTER, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90060 040 ***150.00

Principal Place of Business

13904 N. BLVD.
TAMPA FL 33613

Mailing Address

13904 N. BLVD.
TAMPA FL 33613-2008

2. Principal Place of Business

3. Mailing Address

1336 W. Fletcher Ave
Suite, Apt. #, etc.

1336 W. Fletcher Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TAMPA FL
Zip 33612 Country USA

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TAMPA FL
Zip 33612 Country USA

4. FEI Number 59-3451477

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

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG,
2033 MAIN ST., STE. 600
SARASOTA FL 34237

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 *Blaine Strickland* 1-18-2000
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	D	<input type="checkbox"/> Delete
NAME	STRICKLAND, H. BLAINE	
STREET ADDRESS	2916 SANDPIPER PL.	
CITY-ST-ZIP	CLEARWATER FL 34622	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, H. BLAINE	
STREET ADDRESS	8604 MINDICH CT.	
CITY-ST-ZIP	ORLANDO, FL 32819	
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: *Blaine Strickland* 2/22/00 813-264-4047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)