

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90342 045 \*\*\*150.00

**DOCUMENT # P97000109110**

1. Entity Name

HUNTER DEVELOPMENT GROUP, INC.

Principal Place of Business

2202 CURRY FORD RD  
 SUITE C  
 ORLANDO FL 32806

Mailing Address

PO BOX 568803  
 ORLANDO FL 32856-8803

2. Principal Place of Business

3333 S. Orange Ave.  
 Suite, Apt. #, etc.  
 # 229

3. Mailing Address

P.O. Box 568803  
 Suite, Apt. #, etc.  
~~229~~

City & State

Orlando, FL  
 Zip - 32806 Country - Orange

City & State

Orlando, FL  
 Zip - 32856 Country - Orange

4. FEI Number

59-3488479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MATTEN, TINA  
 3333 SOUTH ORANGE AVENUE  
 STE. 229  
 ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name James M. Pawlus, President  
 Street Address (P.O. Box Number is Not Acceptable) 3333 S. ORANGE AVE  
 Suite 229  
 City ORLANDO FL Zip Code 32806

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 *Tina Matten*

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

(NOTE: Registered Agent signature required when reinstating)

4/14/02  
 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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MATTEN, TINA<br>P.O. BOX 568803<br>ORLANDO FL 32856-8803<br><input checked="" type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>ROBERTS, JENNIFER P<br>P.O. BOX 568803<br>ORLANDO FL 32856-8803<br><input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | B<br>BRANTLY, DEAN L<br>P.O. BOX 568803<br>ORLANDO FL 32856-8803<br><input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | James M. Pawlus, President<br>Hunter Development Group, Inc.<br>P. O. Box 568803<br>Orlando, Florida 32856<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | James Jackson, Director<br>Hunter Development Group, Inc<br>P. O. Box 568803<br>Orlando, Florida 32856<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Robin Forbes, Director<br>Hunter Development Group, Inc<br>P. O. Box 568803<br>Orlando, Florida 32856<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Dean L. Brantley, Broker<br>Hunter Development Group, Inc<br>P. O. Box 568803<br>Orlando, Florida 32856<br><input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-02 321-229-4240

Date

Daytime Phone #

CR2E034 (9/01)