

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90014 040 ***150.00

DOCUMENT # P98000016211

1. Entity Name
TUCKER HUNT CLUB, INC.

Principal Place of Business

~~99 SIXTH STREET, S.W.~~
~~WINTER HAVEN FL 33883~~

Mailing Address

~~99 SIXTH STREET, S.W.~~
~~WINTER HAVEN FL 33883~~

2. Principal Place of Business

3535 U.S. HIGHWAY 17 NORTH

3. Mailing Address

3535 U.S. HIGHWAY 17 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WINTER HAVEN FL

City & State
WINTER HAVEN FL

Zip
33881

Country

Zip
33881

Country

4. FEI Number **56-3551902**

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

TUCKER, SR, LARRY D
5555 US HWY 17 N
WINTER HAVEN FL 33882

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER, LARRY D 99 SIXTH STREET, S.W. WINTER HAVEN FL 33883	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD TUCKER, LARRY D JR. 99 SIXTH STREET, S.W. WINTER HAVEN FL 33883	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER, LARRY D 3535 US HIGHWAY 17 NORTH WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD TUCKER, LARRY D JR. 3535 US HIGHWAY 17 NORTH WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

Daytime Phone #

CR2E034 (10/00)