

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100689

1. Entity Name

H&B DEVELOPERS, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90204 049 \*\*\*150.00

Principal Place of Business

128 SEMINOLE RD  
ATLANTIC BEACH FL 32233

Mailing Address

128 SEMINOLE RD  
ATLANTIC BEACH FL 32233-4141

2. Principal Place of Business

128-1 Seminole Rd

Suite, Apt. #, etc.

City & State

Atlantic Bch FL

Zip

32233

Country

DUAL

3. Mailing Address

128-1 Seminole Rd

Suite, Apt. #, etc.

Atlantic Bch

City & State

FL

Zip

32233

Country

DUAL



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3545351

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

BURROWS, THOMAS W  
128 SEMINOLE RD  
ATLANTIC BEACH FL 32233

Name

Robert L Hunt

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

128-1 Seminole Rd

City

Atlantic Bch

FL

Zip Code

32233

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

*Robert L Hunt* President

4-21-00

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	PD	<input type="checkbox"/> Delete
NAME	HUNT, ROBERT L	
STREET ADDRESS	126 SEMINOLE RD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ADKINS, MILDRED	
STREET ADDRESS	126 SEMINOLE RD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	BURROWS, THOMAS W	
STREET ADDRESS	128 SEMINOLE RD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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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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:

*Robert L Hunt* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

904-707-9672

Daytime Phone #

CR2E034 (9/99)