

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069523

1. Entity Name

HUNTER MANAGEMENT, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90110 040 ***150.00

Principal Place of Business Mailing Address
435 CLARK RD.,STE.305 435 CLARK RD.,STE.305
JACKSONVILLE FL 32218 JACKSONVILLE FL 32218-5573

2. Principal Place of Business 3. Mailing Address
435 Clark Rd. 435 Clark Rd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
614 STE # 614
City & State City & State
JACKSONVILLE FL JACKSONVILLE FL
Zip Country Zip Country
32218 32218



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3591027 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FALLAR, SCOTT W
8375 DIX ELLIS TRAIL,STE.401
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name Don J. Hunter
Street Address (P.O. Box Number is Not Acceptable)
14227 Pine Island Dr.
City JACKSONVILLE FL Zip Code 32224

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 4/13/00
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	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, DON		NAME		
STREET ADDRESS	435 CLARK RD.,STE.305		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, TIMOTHY J		NAME		
STREET ADDRESS	435 CLARK RD.,STE.305		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANO, CAROL		NAME		
STREET ADDRESS	435 CLARK RD.,STE.305		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 4/13/00 904-768-7080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)