

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S83211

1. Entity Name
HUTSON LAND COMPANY, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90005 046 ***150.00

Principal Place of Business 11217 SAN JOSE BLVD JACKSONVILLE FL 32223 US	Mailing Address 11217 SAN JOSE BLVD JACKSONVILLE FL 32223-7230 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3030 Hartley Road	3. Mailing Address 3030 Hartley Road
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32257	Country Duval

4. FEI Number 59-3089995	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HINSON, DONALD P
11217 SAN JOSE BOULEVARD
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3030 Hartley Road, Suite 100

City **Jacksonville** FL Zip Code **32257**

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 _____ (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) <input type="checkbox"/>	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 <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME HUTSON, DAVID W.	
STREET ADDRESS 11217 SAN JOSE BLVD	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE P	<input type="checkbox"/> Delete
NAME HINSON, DONALD P.	
STREET ADDRESS 11217 SAN JOSE BLVD	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE S	<input type="checkbox"/> Delete
NAME COX, ELINORE C	
STREET ADDRESS 11217 SAN JOSE BLVD	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE VP	<input type="checkbox"/> Delete
NAME HUTSON, NANCY	
STREET ADDRESS 11217 SAN JOSE BOULEVARD	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE AVP	<input type="checkbox"/> Delete
NAME HUTSON, KIMBERLY C	
STREET ADDRESS 11217 SAN JOSE BLVD.	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 3030 Hartley Road, Suite 100	
CITY-ST-ZIP Jacksonville, Florida 32257	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 3030 Hartley Road, Suite 100	
CITY-ST-ZIP Jacksonville, Florida 32257	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 3030 Hartley Road, Suite 100	
CITY-ST-ZIP Jacksonville, Florida 32257	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 3030 Hartley Road, Suite 100	
CITY-ST-ZIP Jacksonville, Florida 32257	
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: Elinore C. Cox Elinore C. Cox 4/5/00 904/262-7718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)