

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90138 004 ***150.00

DOCUMENT # S87705

1. Entity Name
HUTCHINSON DEVELOPMENT CORPORATION

Principal Place of Business
5589 WHIRLAWAY ROAD
PALM BEACH GARDENS FL 33418

Mailing Address
5589 WHIRLAWAY ROAD
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

19900 MONA RD
Suite 6

City & State
TEQUESTA FL

Zip
33469

Country
Palm Beach

3. Mailing Address

19900 MONA RD
Suite 6

City & State
TEQUESTA FL

Zip
33469

Country
Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0297787**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, GEORGE E. ESQ.
11380 PROSPERITY FARMS ROAD
SUITE 201
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name **Hutchinson, Sloan**
Street Address (P.O. Box Number is Not Acceptable) **19900 MONA RD**
Suite # 6
City **TEQUESTA** **FL** **Zip Code** **33469**

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 **Sloan Hutchinson** **DATE** **3-12-02**
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, 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 **PD** ☐ Delete
NAME **HUTCHINSON, SLOAN**
STREET ADDRESS **5589 WHIRLAWAY ROAD**
CITY-ST-ZIP **PALM BEACH GRDNS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **Hutchinson, Sloan**
STREET ADDRESS **19900 MONA RD Ste 6**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Sloan Hutchinson** **DATE** **3-12-02** **746-1010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)