

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S99073

1. Entity Name

HUTCHINSON REALTY, INC.

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

02-26-2000 90067 017 \*\*\*150.00

Principal Place of Business

Mailing Address

PHILLIPS HIGHWAY  
JACKSONVILLE FL 32207

5100 SUNBEAM RD  
STE 1  
JACKSONVILLE FL 32257-6101

2. Principal Place of Business

5100 SUNBEAM RD

3. Mailing Address

Suite, Apt. #, etc.  
SUITE 1

Suite, Apt. #, etc.

City & State  
JACKSONVILLE FL

City & State

4. FEI Number 59-3099164

Applied For

Not Applicable

Zip  
32257-6101

Country

Zip

Country

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

HUTCHINSON, M. F.  
3919 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32207

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete ☐

P  
HUTCHINSON, M. F.  
3919 PHILLIPS HIGHWAY  
JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change ☒ Add ☐

P  
HUTCHINSON, M.F.  
5100 SUNBEAM RD STE 1  
JACKSONVILLE FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete ☐

ST  
JOYNER, JOHN H  
5100 SUNBEAM RD., STE 1  
JACKSONVILLE FL 32256

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

TITLE  
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Change ☐ Add ☐

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: *John H Joyner* JOHN H JOYNER

1/27/00

904-886-4907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)