

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2000 08:00 AM****Secretary of State****DOCUMENT # V20498**

1. Entity Name

CAMBRIDGE ASSOCIATES, INC.

Principal Place of Business

315 E ROBINSON ST
SUITE 600
ORLANDO
32802

FL

Mailing Address

C/O STEPHEN B. HATCHER
P.O. BOX 3000
ORLANDO
328023000

US

FL

2. Principal Place of Business

315 E ROBINSON ST

3. Mailing Address

Suite, Apt. #, etc.
SUITE 600

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO

FL

City & State

4. FEI Number

59-3257013

Applied For

Not Applicable

Zip
32801Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

HATCHER, STEPHEN B.
315 E ROBINSON ST
SUITE 600
ORLANDO
32802

FL

US

7. Name and Address of New Registered Agent

Name

HATCHER STEPHEN B

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

315 E ROBINSON ST

SUITE 600

City
ORLANDO

FL

Zip Code
32801

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 **STEPHEN B. HATCHER****01/26/2000**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	HATCHER D G III	
STREET ADDRESS	315 E. ROBINSON ST. #600	
CITY-ST-ZIP	ORLANDO FL	

TITLE	PD	<input type="checkbox"/> Delete
NAME	HATCHER D G JR	
STREET ADDRESS	315 E. ROBINSON ST. #600	
CITY-ST-ZIP	ORLANDO FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	HATCHER, STEPHEN B.	
STREET ADDRESS	315 E ROBINSON ST #600	
CITY-ST-ZIP	ORLANDO FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HATCHER D G III		
STREET ADDRESS	315 E. ROBINSON ST. #600		
CITY-ST-ZIP	ORLANDO FL 32801		

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HATCHER D G JR		
STREET ADDRESS	315 E. ROBINSON ST. #600		
CITY-ST-ZIP	ORLANDO FL 32801		

TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HATCHER STEPHEN B		
STREET ADDRESS	315 E ROBINSON ST #600		
CITY-ST-ZIP	ORLANDO FL 32801		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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
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: Stephen B. Hatcher

S/D: 01/26/2000