

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90018 014 ****61.25

DOCUMENT # 730270

1. Entity Name

HILLHOUSE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

601 W OLD HWY 441
 P O BOX 1429
 MT DORA FL 32756-1429
 US

601 W. OLD HWY.. #441
 PO BOX 1429
 MOUNT DORA FLORIDA 32756-1429
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1677904

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONOLLO, HELEN G
601 W OLD HIGHWAY 441, 6A
MOUNT DORA FL 32757

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

Helen G Bonollo (PRESIDENT)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan 20, 2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD BONOLLO, HELEN G	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	601 W. OLD HIGHWAY, 6A MOUNT DORA FL 32757	
TITLE NAME	VD LEUSTIG, DOROTHY M	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	601 W OLD HWY 441, 11A MOUNT DORA FL 32757	
TITLE NAME	SD NATION, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	601 W. OLD HWY., #441 1-A MOUNT DORA FL 32757	
TITLE NAME	TD BLAKESLEE, CATHERINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	601 W. OLD HWY, 441 2A MOUNT DORA FL 32757	
TITLE NAME	D WESTSTRATE, JACOB M	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	601 W OLD HWY 441, 6B MOUNT DORA FL 32757	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	SD BLAKESLEE CATHERINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	601 W. OLD HWY 441 2A MOUNT DORA FL 32757	
TITLE NAME	TD NATION, JAMES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	601 W. OLD HWY 441 1A MOUNT DORA, FL 32757	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *HELEN G BONOLLO DIRECTOR Helen G Bonollo* 1/20/00 383-4955
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)