

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

0004368  
 AV

**DOCUMENT # 429425**

1. Entity Name  
**HILLANDALE FARMS OF FLA., INC.**

04-07-2002 90050 016 \*\*\*150.00

Principal Place of Business <b>HIGHWAY 41 NORTH</b> <b>P.O. BOX 2109</b> <b>LAKE CITY FL 32056-1703</b> <b>US</b>	Mailing Address <b>P.O. BOX 2109</b> <del>P.O. BOX 1703</del> <b>LAKE CITY FL 32056-2109</b> <b>US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>59-1477816</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HAZEN, JACK E. JR.</b> <b>US HWY 41 NORTH</b> <b>LAKE CITY FL 32055</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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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)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>HAZEN, JACK E.</b> <b>RT 2 BOX 3074</b> <b>STARKE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>W. Dorman Mizell</b> <b>5041 Dorman Place</b> <b>Callahan, FL 32011</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HAZEN, JACK E. JR</b> <b>US HWY 41 NORTH</b> <b>LAKE CITY FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HAMMOND, JOHN R.</b> <b>12207 WOOD DUCK PLACE</b> <b>TEMPLE TERRACE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>WARD, JO N</b> <b>SPRING HOLLOW BLVD</b> <b>LAKE CITY FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BETHEL, ORLAND R.</b> <b>16 WAVERLY DRIVE</b> <b>GREENSBURG PA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUNNICUTT, HOMER JR</b> <b>4004 RAINES ROAD</b> <b>BROOKSVILLE FL</b>	TITLE 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:** *JO N WARD / JOHN WARD, Secretary* **2/1/02** **(386)397-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)