


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90092 049 ***150.00

DOCUMENT # 429425

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



Principal Place of Business
**HIGHWAY 41 NORTH
P.O. BOX 2109
LAKE CITY FL 32056-1703
US**

Mailing Address
**P.O. BOX 2109
P.O. BOX 1703
LAKE CITY FL 32056-2109
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1477816**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HAZEN, JACK E. JR.
US HWY 41 NORTH
LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jack E. Hazen Jr.* (NOTE: Registered Agent signature required when reinstating)

DATE 1/16/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	HAZEN, JACK E.	
STREET ADDRESS	RT 2 BOX 3074	
CITY-ST-ZIP	STARKE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAZEN, JACK E. JR	
STREET ADDRESS	US HWY 41 NORTH	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HAMMOND, JOHN R.	
STREET ADDRESS	12207 WOOD DUCK PLACE	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WARD, JO N	
STREET ADDRESS	SPRING HOLLOW BLVD	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BETHEL, ORLAND R.	
STREET ADDRESS	16 WAVERLY DRIVE	
CITY-ST-ZIP	GREENSBURG PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNNICUTT, HOMER JR	
STREET ADDRESS	4004 RAINES ROAD	
CITY-ST-ZIP	BROOKSVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Homer E. Hunnicutt, Jr.	
STREET ADDRESS	4004 Raines Rd.	
CITY-ST-ZIP	Brooksville, FL 34604	
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		

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 607, 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: *John R. Hammond* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1/16/03

DAYTIME PHONE #: (386) 397-1300

CR2P024 (10/02)