

2002

# FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90034 016 \*\*\*150.00

DOCUMENT # 182773

1. Entity Name

Hill Ranch Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1324 S. Main St

3. Mailing Address

1324 S. Main St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Belle Glade FL

City &amp; State

Belle Glade FL

4. FEI Number

59-6062684

Applied For

Not Applicable

Zip

33430

Country

USA

Zip

33430

Country

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

DO NOT WRITE IN THIS SPACE

B0058685

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Calvin D. Alston

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

1324 S. Main Street

City Belle Glade

FL

Zip Code

33430

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

Calvin D. Alston

Calvin D. Alston

3-29-02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. Hill, Howard, E 10881 Acme Road West Palm Beach FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., D Calvin D. Alston 772 Klemming Dr. Belle Glade FL 33430	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mona L. Miller 1324 South Main Street Belle Glade FL 33430	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered

SIGNATURE:

Calvin D. Alston

Calvin D. Alston VP

3/29/02 561-996-4524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)