

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State
 01-29-2000 90032 008 ***150.00

DOCUMENT # 418696

1. Entity Name

HILLANDALE FARMS, INC.

Principal Place of Business

Mailing Address

HWY 41 NO.
 PO BOX 2109
 LAKE CITY FL 32056-2109

P.O. BOX 2109
 LAKE CITY FL 32056-2109
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1439919**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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 State

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **HAZEN, JACK E**
 CITY-ST-ZIP **RT 2 BOX 3074**
STARKE FL 32091

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **HAZEN, JACK E JR**
 CITY-ST-ZIP **US HWY 41 NORTH**
LAKE CITY FL 32055

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **HAMMOND, JOHN R**
 CITY-ST-ZIP **12207 WOOD DUCK PLACE**
TEMPLE TERRACE FL 33617

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **WARD, JO N**
 CITY-ST-ZIP **SPRING HOLLOW BLVD**
LAKE CITY FL 32055

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BETHEL ORLAND R**
 CITY-ST-ZIP **16 WAVERLY DRIVE**
GREENSBURG PA 15601

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MIZELL, DORMAN W**
 CITY-ST-ZIP **HODGES ROAD**
CALLAHAN FL 32011

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Homer Hannicutt**
 CITY-ST-ZIP **4004 Raines Rd.**
Brooksville, GA 34609

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Joan Ward
REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/00
 Date

(904) 397-1300
 Daytime Phone #