

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**  
 01-29-2001 90172 037 \*\*\*150.00

**DOCUMENT # 429425**

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

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

4. FEI Number <b>59-1477816</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAZEN, JACK E.		NAME	W. Dorman Mizell	
STREET ADDRESS	RT 2 BOX 3074		STREET ADDRESS	5041 Dorman Place	
CITY-ST-ZIP	STARKE FL		CITY-ST-ZIP	Callahan FL 32011	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZEN, JACK E. JR		NAME		
STREET ADDRESS	US HWY 41 NORTH		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, JOHN R.		NAME		
STREET ADDRESS	12207 WOOD DUCK PLACE		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, JO N		NAME		
STREET ADDRESS	SPRING HOLLOW BLVD		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETHEL, ORLAND R.		NAME		
STREET ADDRESS	16 WAVERLY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GREENSBURG PA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNNICUTT, HOMER JR		NAME		
STREET ADDRESS	4004 RAINES ROAD		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		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 Sec. Treas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01 (904) 397-1300  
Date Daytime Phone #

CR2E034 (10/00)