

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-07-2002 90050 016 ***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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1477816**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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, 2002 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
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 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	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Dorman Mizell	
STREET ADDRESS	5041 Dorman Place	
CITY-ST-ZIP	Callahan, FL 32011	
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		<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		

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, Sec. Treas.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02 (386)397-1300
 Date Daytime Phone #

CR2E034 (9/01)