

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 650409

1. Entity Name

OAK HILL LAND, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90101 024 ***150.00

Principal Place of Business

Mailing Address

1991 AMBASSADOR CT
CHIPLEY FL 32428
US

1991 AMBASSADOR
CHIPLEY FL 32428-0015
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2026350

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

BELECKAS, WITHOLD
1991 AMBASSADOR CT
CHIPLEY FL 32428

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BELECKAS, WITHOLD
STREET ADDRESS 1991 AMBASSADOR COURT
CITY-ST-ZIP CHIPLEY FL 32428

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

TITLE D ☐ Delete
NAME REGISTER, STEPHEN B J
STREET ADDRESS 1552 BRICKYARD RD
CITY-ST-ZIP CHIPLEY FL 32428

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

TITLE ST ☐ Delete
NAME BELECKAS, GENEVIEVE
STREET ADDRESS 1991 AMBASSADOR CT
CITY-ST-ZIP CHIPLEY FL 32428

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

TITLE DV ☐ Delete
NAME LAPINSKI, ROMAN
STREET ADDRESS 1040 W FINGERBEARD RD NO 2ND FLR
CITY-ST-ZIP STATES ISL NY

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

TITLE V ☐ Delete
NAME LABUTIS, VITAS
STREET ADDRESS 2001 AMBASSADOR CT
CITY-ST-ZIP CHIPLEY FL 32428

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Stephen B J Register
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/2000

851-773-3333

CR2E034 (9/99)