

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90090 004 ***150.00

DOCUMENT # 653977**1. Entity Name**
HILLTOP OF HAINES CITY, INC.**Principal Place of Business**# 8 RAILROAD AVE
P.O. BOX 337
HAINES CITY FL 33845**Mailing Address**# 8 RAILROAD AVE
P.O. BOX 337
HAINES CITY FL 33845**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 59-2018924Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****BROADAWAY, DENNIS P**
8 RAILROAD AVENUE
HAINES CITY FL 33845**7. Name and Address of New Registered Agent**

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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	STD			
	HAMRICK, H.R.			
	17901 HOLLY BROOK DRIVE			
	TAMPA FL			
	D			
	WHEELER, IRVING			
	250 2ND ST. SW			
	WINTER HAVEN FL			
	PD			
	TURNER, ROBERT			
	899 W LAKE OTIS DRIVE			
	WINTER HAVEN FL			
	VPD			
	BAUKNIGHT, JIM			
	5600 E IRLO BLONSON HWY			
	ST CLOUD FL 34771			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2002 (863) 422-1174

Date

Daytime Phone #

CR2E034 (9/01)