

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755852

1. Entity Name

B & J ACRES, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90123 037 \*\*\*\*61.25

Principal Place of Business

C/O JOSEPH HILLIS  
RT 3 BOX 1280  
STARKE FL 32091

Mailing Address

C/O JOSEPH HILLIS  
RT 3 BOX 1280  
STARKE FL 32091-9349



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Rt. 3 Box 1280

3. Mailing Address

Rt. 3 Box 1280

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Starke, Fl.

City & State

Starke, Fl.

4. FEI Number

59-2088128

Applied For

Not Applicable

Zip

Country

32091

U.S.

Zip

Country

32091

U.S.

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

HILLIS, JOSEPH  
RT 3 BOX 1280  
STARKE FL 32901

Name

Street Address (P.O. Box Number is Not Acceptable)

No Change

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | PO                  | <input type="checkbox"/> Delete |
| NAME           | HILLIS, JOSEPH      |                                 |
| STREET ADDRESS | RT 3 BOX 1280       |                                 |
| CITY-ST-ZIP    | STARKE FL           |                                 |
| TITLE          | STD                 | <input type="checkbox"/> Delete |
| NAME           | HILLIS, BERNADINE C |                                 |
| STREET ADDRESS | RT 3 BOX 1280       |                                 |
| CITY-ST-ZIP    | STARKE FL           |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | ANTONE, RALPH L     |                                 |
| STREET ADDRESS | 634 IVA PLACE       |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| 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 |
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| 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    |   |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Joseph Hillis

1/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)