

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90015 008 ****61.25

908093



DO NOT WRITE IN THIS SPACE

DOCUMENT # 762426

1. Entity Name

HILLCREST ESTATES, INC.

Principal Place of Business

Mailing Address

HILLCREST ESTATE, INC.
 ZEPHYRHILLS FL 33540
 US

39101 HEATH DR.
 ZEPHYRHILLS FL 33540-6496
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0017982

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

DOYLE, PHYLLIS R
 39207 HEATH DR.
 ZEPHYRHILLS FL 33540

Name **BEVERLY V. BODA**
 Street Address (P.O. Box Number is Not Acceptable)
39206 HILLCREST DRIVE
 City **ZEPHYRHILLS** FL Zip Code **33540**

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

BEVERLY V. BODA - Sophia Beverly V. Boda 1-21-00

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	P	<input checked="" type="checkbox"/> Delete
NAME	DOYLE, THOMAS J	
STREET ADDRESS	39207 HEATH DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	POPP, LOIS	
STREET ADDRESS	39021 HILLCREST DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, ANNA	
STREET ADDRESS	39100 HEATH DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIMAN, STEVE	
STREET ADDRESS	39030 HEATH DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DOYLE, PHYLLIS R	
STREET ADDRESS	39207 HEATH DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HICKS, JAMES	
STREET ADDRESS	39040 HILLCREST DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFTON ALLEY	
STREET ADDRESS	39105 HEATH DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIAN LA DUE	
STREET ADDRESS	39055 HILLCREST DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLY V. BODA	
STREET ADDRESS	39206 HILLCREST DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS RICE	
STREET ADDRESS	39020 HILLCREST DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT M. FLINT	
STREET ADDRESS	39207 HEATH DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M. JANIE FRENETTE	
STREET ADDRESS	39046 HILLCREST DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Clifton H. Alley CLIFTON H. ALLEY 1-10-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-780-9000