

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. **39101 HEATH DR.**
ZEPHYRHILLS FL 33540 **ZEPHYRHILLS FL 33540-6496**
US **US**

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 **65-0017982** Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
DOYLE, PHYLLIS R
39207 HEATH DR.
ZEPHYRHILLS FL 33540

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 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 - Secretary 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 ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P CLIFTON ALLEY
STREET ADDRESS	39105 HEATH DRIVE
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V JULIAN LA DUE
STREET ADDRESS	39055 HILLCREST DRIVE
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST BEVERLY V. BODA
STREET ADDRESS	39206 HILLCREST DRIVE
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WILLIS RICE
STREET ADDRESS	39020 HILLCREST DRIVE
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ROBERT M. FLINT
STREET ADDRESS	39207 HEATH DRIVE
CITY-ST-ZIP	ZEPHYRHILLS FL 33540
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D M. JANIE FRENETTE
STREET ADDRESS	39040 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 **813-780-9000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #