

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90188 025 \*\*\*\*61.25

**DOCUMENT # 762426**

1. Entity Name

**HILLCREST ESTATES, INC.**



Principal Place of Business

**HILLCREST ESTATE, INC.**  
**ZEPHYRHILLS FL ~~33540~~ 33542**  
**US**

Mailing Address

**39101 HEATH DR.**  
**ZEPHYRHILLS FL ~~33540~~ 33542**  
**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

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

**BOD, BEVERLY V**

**39206 HILLCREST DRIVE**

**ZEPHYRHILLS FL ~~33540~~ 33542**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Beverly V. Boda, Secretary/Treasurer*

*1/17/03*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **ARSENAULT, ROGER**  
STREET ADDRESS **6251 23RD STREET**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

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

TITLE **VP** ☒ Delete  
NAME **VERMILYEA, MADELINE**  
STREET ADDRESS **39145 HEATH DRIVE**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **VP** ☐ Change ☒ Addition  
NAME **STEVE HARRIMAN**  
STREET ADDRESS **39030 HEATH DR.**  
CITY-ST-ZIP **ZH, FL 33542**

TITLE **ST** ☐ Delete  
NAME **BODA, BEVERLY V**  
STREET ADDRESS **39206 HILLCREST DRIVE**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

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

TITLE **D** ☐ Delete  
NAME **DEVLIN, JOHN**  
STREET ADDRESS **39210 HEATH DR**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

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

TITLE **D** ☒ Delete  
NAME **FLINT, ROBERT M**  
STREET ADDRESS **39207 HEATH DR.**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **D** ☐ Change ☒ Addition  
NAME **VERA ELLIOTT**  
STREET ADDRESS **39020 HEATH DR.**  
CITY-ST-ZIP **ZH, FL 33542**

TITLE **D** ☐ Delete  
NAME **WAYMAN, ONEAL**  
STREET ADDRESS **39105 HEATH DRIVE**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE ☐ Change ☐ 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:

*BEVERLY V. BODA*  
**SIGNATURE REQUIRED**

*Secretary/Treasurer 1-17-03*

*813-715-0270*

CR2E037 (10/02)