

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000348

1. Entity Name
HILLSIDE FINANCE INTERNATIONAL, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -8 PM 1:33

Principal Place of Business
2100 S.E. 17TH STREET, #204
OCALA FL 34471

Mailing Address
2100 S.E. 17TH STREET, #204
OCALA FL 34471-4154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 04-3293183

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$500.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M97000000418
NAME THE HILLSIDE GROUP, LLC
STREET ADDRESS 2100 S.E. 17TH STREET, #203
CITY - ST - ZIP OCALA FL 34471

STREET ADDRESS

CITY - ST - ZIP

800003290498-1
-06/15/00-01032-006
****150.00 ****150.00

DOCUMENT #
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

William W. Curtis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-3-00

352-401-1900

Date

Daytime Phone #