

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000001425**

1. Entity Name

HILL PHOENIX, INC.**FILED**
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90033 032 ***550.00

Principal Place of Business

Mailing Address

**709 SIGMAN RD.
CONYERS GA 30013****709 SIGMAN RD.
CONYERS GA 30013-1307**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2128804

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	YOCHUM, JERRY W	
STREET ADDRESS	2607 N. GRANDVIEW BLVD., STE. 105	
CITY-ST-ZIP	WAUKESHA WI 53188	

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROLAND J PARKER	
STREET ADDRESS	2607 N. GRANDVIEW BLVD. STE 105	
CITY-ST-ZIP	WAUKESHA WI 53188	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCMAHAN, GRAEME	
STREET ADDRESS	2607 N. GRANDVIEW BLVD., STE. 105	
CITY-ST-ZIP	WAUKESHA WI 53188	

TITLE	CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND W TOLCHER	
STREET ADDRESS	709 SIGMAN RD	
CITY-ST-ZIP	CONYERS GA 30013	

TITLE	D	<input type="checkbox"/> Delete
NAME	COPPOLA, RALPH S	
STREET ADDRESS	709 SIGMAN RD.	
CITY-ST-ZIP	CONYERS GA 30013	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREDERICK, RANDAL S	
STREET ADDRESS	709 SIGMAN RD.	
CITY-ST-ZIP	CONYERS GA 30013	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MORGANTHALER, LARRY C	
STREET ADDRESS	709 SIGMAN RD.	
CITY-ST-ZIP	CONYERS GA 30013	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**RAY TOLCHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

770-388-0706