

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H12728

1. Entity Name

HILLS, ECKMAN & DEAN, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90044 039 ***150.00

Principal Place of Business

Mailing Address

2907 CLUBHOUSE DRIVE
PLANT CITY FL 33567
US

C/O HAROLD ECKMAN
2907 CLUBHOUSE DRIVE
PLANT CITY FL 33567-7273

2. Principal Place of Business

2907 CLUBHOUSE DR

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

City & State

4. FEI Number

59-2442772

Applied For

Not Applicable

Zip

33567

Country

U.S.A.

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

ECKMAN, HAROLD
2907 CLUBHOUSE DRIVE
PLANT CITY 33567

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 PD ☐ Delete
NAME HILLS, LAWRENCE L.
STREET ADDRESS P.O. BOX 978
CITY-ST-ZIP TRENTON FL

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

TITLE STD ☐ Delete
NAME ECKMAN, HAROLD
STREET ADDRESS 2907 CLUBHOUSE DRIVE
CITY-ST-ZIP PLANT CITY FL

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

TITLE D ☐ Delete
NAME ECKMAN, HARRIET E.
STREET ADDRESS 2907 CLUBHOUSE DRIVE
CITY-ST-ZIP PLANT CITY FL

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

TITLE D ☐ Delete
NAME HILLS, ELEANOR C.
STREET ADDRESS P.O. BOX 978
CITY-ST-ZIP TRENTON FL

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

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Harold Eckman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2000

Date

813-754-3439

Daytime Phone #

CR2E034 (9/99)