

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H69535

1. Entity Name

HIDDEN ACRES, INC.

FILED  
Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90096 023 \*\*\*150.00

Principal Place of Business

301 NE 44 ST  
FORT LAUDERDALE FL 33334

Mailing Address

301 NE 44TH STREET  
FORT LAUDERDALE FL 33334

00036577

2. Principal Place of Business

11450 Piping Plover Rd  
Suite, Apt. #, etc.

3. Mailing Address

11450 Piping Plover Rd  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

59-2581642

Applied For

Not Applicable

Zip

33467

Country

PALESTINE

Zip

33467

Country

PALESTINE

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREENE, BARBARA S.  
301 NE 44 ST  
FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

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

Barbara S. Greene, pres.  
BARBARA S. GREENE, PRES.

1-26-01

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, 2001 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

TITLE PVST  
NAME GREENE, BARBARA S.  
STREET ADDRESS 301 E NE 44 ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST  
NAME GREENE, BARBARA S.  
STREET ADDRESS 11450 Piping Plover Rd  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

Barbara S. Greene  
BARBARA S. GREENE

1-26-01

Date

(561-333-8188

Daytime Phone #

CR2E034 (10/00)