

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90129 001 ***450.00

DOCUMENT # J34289

1. Entity Name
HILLCREST INSURANCE AGENCY, INC.

Principal Place of Business 18500 U.S. HWY. 441 MOUNT DORA FL 32757 US	Mailing Address PO BOX 1364 MOUNT DORA FL 32756-1364 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1110 Beech Ridge Trail Suite, Apt. #, etc.	3. Mailing Address PMB 324 6753 Thomsville Rd. Suite, Apt. #, etc. Stc. 108
City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32312	Zip 32312
Country United States	Country United States

4. FEI Number 59-2721634	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
HILL, KAY
1206 OLD EUSTIS ROAD
MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

Name Hill, Kay
Street Address (P.O. Box Number is Not Acceptable) 7110 Beech Ridge Trail
City Tallahassee
State FL
Zip Code 32312

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HILL, KAY 1206 OLD EUSTIS ROAD MOUNT DORA FL 32757	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Hill, Kay 7110 Beech Ridge Trail Tallahassee, FL. 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIRON, LOUIS 3861 WATERCREST DRIVE LONGWOOD FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEFFIELD, ROGER 4614 SLOE WOOD CT MT DORA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMPTON, LANCE 6861 SYLVAN WOODS CT SANFORD FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Hampton, Lance 7110 Beech Ridge Trail Tallahassee, FL. 32312
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: Lance Hampton **5-1-00** **850-468-3312**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)