

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03668

1. Entity Name

OAK HILL PLANTATION, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90241 014 ***150.00

Principal Place of Business

4010 NW 21ST CIRCLE
JENNINGS FL 32053
US

Mailing Address

4010 NW 21ST CIRCLE
JENNINGS FL 32053
US

2. Principal Place of Business

P.O. Box 191
Suite, Apt. #, etc.
106 HATLEY STREET SE

3. Mailing Address

P.O. Box 191
Suite, Apt. #, etc.
106 HATLEY STREET SE

City & State

JASPER, FLORIDA

City & State

JASPER, FLORIDA

Zip

32052

Country

U.S.A.

Zip

32052

Country

U.S.A.

4. FEI Number

59-2964533

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RATLIFF, RONALD H
3827 NW 104TH PLACE
JASPER FL 32052

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

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, 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 P
NAME RATLIFF, RONALD H
STREET ADDRESS 3827 NW 104TH PLACE
CITY-ST-ZIP JASPER FL 32052 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

Ronald H. Ratliff Ronald H. RATLIFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

386-792-8484

Daytime Phone #

CR2E034 (10/00)