

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90106 006 ***550.00

DOCUMENT # L03668

1. Entity Name
OAK HILL PLANTATION, INC.

Principal Place of Business
P.O. BOX 191
106 HATLEY STREET SE
JASPER FL 32052
US

Mailing Address
P.O. BOX 191
106 HATLEY STREET SE
JASPER FL 32052
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
..

City & State

Zip **Country** **Zip** **Country**

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 Ronald H. Ratliff
Street Address (P.O. Box Number is Not Acceptable)
14859 SE CR 137
City JASPER, **FL** Zip Code 32052

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	RATLIFF, RONALD H	
STREET ADDRESS	3827 NW 104TH PLACE	
CITY-ST-ZIP	JASPER FL 32052	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD H. RATLIFF	
STREET ADDRESS	14859 SE CR 137	
CITY-ST-ZIP	JASPER, FLORIDA 32052	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES M. MOODY	
STREET ADDRESS	15000 COUNTY ROAD 6 EAST	
CITY-ST-ZIP	JASPER, FLORIDA 32052	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Ronald H. Ratliff **REQUIRED** Ronald H. Ratliff 9/12/02 386-792-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)