

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90098 027 *****61.25

DOCUMENT # N02000003015

1. Entity Name

THE HILLTOP COMMUNITY CLUB, INC.



Principal Place of Business

**4427 LONGMIRE AVE.
MIDDLEBURG FL 32068**

Mailing Address

**4427 LONGMIRE AVE.
MIDDLEBURG FL 32068**

2. Principal Place of Business

SAME

3. Mailing Address **4377 Longmire Av**

Middleburg, FL 32068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAME

City & State

SAME

4. FEI Number

13-4233152

Applied For

Not Applicable

Zip

SAME

Country

CLAY

Zip

SAME

Country

CLAY

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAMPSHIRE, FRED JR.
4377 LONGMIRE AVE.
MIDDLEBURG FL 32068**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HAMPSHIRE, FRED JR.**
STREET ADDRESS **4377 LONGMIRE AVE.**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **VD** ☐ Delete
NAME **BURKES, EARNESTINE D**
STREET ADDRESS **P. O. BOX 1262**
CITY-ST-ZIP **MIDDLEBURG FL 32050-1262**

TITLE **SD** ☐ Delete
NAME **PRESHA, GENEVA**
STREET ADDRESS **P. O. BOX 92**
CITY-ST-ZIP **MIDDLEBURG FL 32050-0092**

TITLE **ASD** ☐ Delete
NAME **JEFFERSON, QUINTESSA**
STREET ADDRESS **2684 FORMAN CIR.**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **TD** ☐ Delete
NAME **HALL, JOHNNY L**
STREET ADDRESS **5553 PINE HILL LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Fred Hampshire Jr 1-21-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)