

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001181

1. Entity Name

HILLIARD FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

RT. 2. BOX 175  
FLAGHOLE RD.  
CLEWISTON FL 33440

RT. 2. BOX 175  
FLAGHOLE RD.  
CLEWISTON FL 33440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0431778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILLIARD, JOE M  
RT 2 BOX 175 FLAGHOLE RD  
CLEWISTON FL 33440

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HILLIARD, JOE A	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLIARD, JOE M	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLIARD, BARBARA J	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLIARD, JOE M II	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLIARD, MARY E	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLIARD, BRIAN R	
STREET ADDRESS	RT 2, BOX 175, FLAGHOLE RD.	
CITY-ST-ZIP	CLEWISTON FL 33440	

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
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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	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-02 863-983-5111

FILED  
Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90070 006 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)