

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003953

1. Entity Name

GREEN HILL FARMS OWNERS ASSOCIATION, INC.

Principal Place of Business

2700-D NW 43RD ST  
GAINESVILLE FL 32606

Mailing Address

2700-D NW 43RD ST  
GAINESVILLE FL 32607-1635

2. Principal Place of Business

7328-F W. University Ave.

Suite, Apt. #, etc.

3. Mailing Address

7328-F W. University Ave.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-3248871

Applied For

Not Applicable

Zip

32607

Country

Zip

32607

Country

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

HODOR, HOWARD

2700-D NW 43RD ST

GAINESVILLE FL 32606

Name

Street Address (P.O. Box Number is Not Acceptable)

7328-F W. University Ave.

City

Gainesville

FL

Zip Code  
32607

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 ☐ Delete  
NAME D  
STREET ADDRESS HODOR, HOWARD  
CITY-ST-ZIP 2700-D NW 43RD ST  
GAINESVILLE FL 32606

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7328-F W. University Ave.  
CITY-ST-ZIP Gainesville, FL 32607

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SHAW, JAMES  
CITY-ST-ZIP 2700-D NW 43RD ST  
GAINESVILLE FL 32606

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 13505 NW 88th Pl  
CITY-ST-ZIP Alachua FL 32415

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GREEN, HILARY M  
CITY-ST-ZIP 4528 SW 83RD DR  
GAINESVILLE FL 32608

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Howard Hodor 04/17/00 (352) 331-9949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90076 004 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE