

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002301

1. Entity Name

HILLTOP VILLAGE RESIDENT ASSOCIATION, INC.

Principal Place of Business

1646 W. 45TH ST.  
JACKSONVILLE FL 32208

Mailing Address

126 W. ADAMS STREET  
JACKSONVILLE FL 32202-3849

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

59-3400908

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

CENTER, BETTY  
126 W. ADAMS STREET  
JACKSONVILLE FL 32202

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 PD  
NAME HORNE, VERONICA  
STREET ADDRESS 1646 W. 45TH ST., APT. 319  
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

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

TITLE VD  
NAME DILLARD, NELLIE  
STREET ADDRESS 1646 W. 45TH ST., APT. 204  
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

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

TITLE D  
NAME TAYLOR, GLORIA  
STREET ADDRESS 1646 W. 45TH ST., APT 323  
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

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

TITLE SD  
NAME BOGER, VERONICA  
STREET ADDRESS 1646 W. 45TH ST., APT. 176  
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

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

TITLE TD  
NAME HATCHER, GAIL  
STREET ADDRESS 1646 W. 45TH ST., APT 330  
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

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

TITLE D  
NAME JOHNSON, DIANE  
STREET ADDRESS 1646 W. 45TH ST., APT J154  
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

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

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: *Veronica Horne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Apr 13, 2000 8:00 am  
Secretary of State

04-13-2000 90013 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE