

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90106 018 \*\*\*\*61.25

DOCUMENT # N98000000594

1. Entity Name

CRYSTAL HILLS MINI FARMS - UNIT IV PROPERTY OWNE

Principal Place of Business

1791 E. ZYRIAN PLACE  
HERNANDO FL 34442

Mailing Address

1791 E. ZYRIAN PLACE  
HERNANDO FL 34442

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0814412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



535283

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUTCHINSON-MATHIAS, TINA M  
1791 E. ZYRIAN PLACE  
HERNANDO FL 34442

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.

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

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>MCLAUGHLIN, DEBORAH L<br>5160 NORTH ALABASTER DRIVE<br>HERNANDO FL 34442 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>HUTCHINSON-MATHIAS, TINA M<br>1791 E ZYRIAN PL<br>HERNANDO FL 34442      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>HINDS, JUNE A<br>5051 N ALABASTER DR<br>HERNANDO FL 34442               | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT / DIRECTOR<br>CHRISTOPHER G. WILLIAMS<br>5175 N. ALABASTER DR,<br>HERNANDO, FL 34442        | Change <input checked="" type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SEC. / TREASURER / DIRECTOR<br>TINA M. HUTCHINSON-MATHIAS<br>1791 E. ZYRIAN PL.<br>HERNANDO, FL 34442 | Change <input checked="" type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VICE-PRESIDENT / DIRECTOR<br>SAMUEL J. MATHIAS<br>1791 E. ZYRIAN PL.<br>HERNANDO, FL 34442            | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SECOND VICE-PRESIDENT / DIRECTOR<br>STEVEN D. JENKS<br>12292 N. ELF PT.<br>DUNNELLON, FL 34433        | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ASSISTANT SECRETARY / DIRECTOR<br>TAMMY L. WILLIAMS<br>5175 N. ALABASTER DR.<br>HERNANDO, FL 34442    | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Sec./Treas./Director 4/16/01 746-2212

Date

Daytime Phone #

CR2E037 (10/00)