

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001777

1. Entity Name

HILLTOP CHRISTIAN ACADEMY, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90064 030 ****61.25

Principal Place of Business

Mailing Address

1232 ROBINSON DRIVE
HAINES CITY FL 33844

1232 ROBINSON DRIVE
HAINES CITY FL 33844-9216

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

59-3559603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIS, LARRY
29 TENTH ST. N.
HAINES CITY FL 33844

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 ☐ Delete
NAME ELLMORE, GENE
STREET ADDRESS 283 BAYSHORE DR
CITY-ST-ZIP AUBURNDALE FL 33823

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

TITLE VD ☐ Delete
NAME SUMMERS, HILTON
STREET ADDRESS 109 HIGH ST
CITY-ST-ZIP WINTER HAVEN FL 33880

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

TITLE SD ☐ Delete
NAME GARNER, DANNY
STREET ADDRESS 1720 TIERRA ALTA DR
CITY-ST-ZIP LAKELAND FL 33813

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

TITLE TD ☐ Delete
NAME THORNHILL, BILL
STREET ADDRESS 905 AVE T S.E.
CITY-ST-ZIP WINTER HAVEN FL 33880

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

TITLE 2VP ☐ Delete
NAME THORNHILL, JIM
STREET ADDRESS 3205 HOLLY HILL GROVE RD #3
CITY-ST-ZIP DAVENPORT FL 33837

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:

R. J. THORNHILL
R. J. THORNHILL 4-19-2000
(813) 421-8212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)