

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90133 032 ***150.00

DOCUMENT # P01000007002

1. Entity Name
HILLCREST DEVELOPMENT CORPORATION OF GAINESVILLE



Principal Place of Business
727 HIGHWAY 98 EAST
DESTIN FL 32541

Mailing Address
727 HIGHWAY 98 EAST
DESTIN FL 32541

2. Principal Place of Business
2516 NW 43RD ST
Suite, Apt. #, etc.

3. Mailing Address
2516 NW 43RD ST.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
GAINESVILLE, FL
Zip
32606
Country

City & State
FL 3 GAINESVILLE FL
Zip
32606
Country

4. FEI Number **59-3695073**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BURKE, LES W
221 MCKENZIE AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name **JEFFREY KROPP**
Street Address (P.O. Box Number is Not Acceptable)
2516 NW 43RD ST.
City **GAINESVILLE FL** **FL** **Zip Code** **32606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHINZ, F.W. (FREDDIE)	
STREET ADDRESS	727 HIGHWAY 98 EAST	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAN WHITCRAFT	
STREET ADDRESS	2516 NW 43RD ST	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFREY KROPP	
STREET ADDRESS	2516 NW 43RD ST	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 607, 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

3/17/03

Date

Daytime Phone #

CR2E034 (10/02)