

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90254 026 ***150.00

DOCUMENT # P01000057093

1. Entity Name
HICKORY HILL HIDEAWAY, INC.

Principal Place of Business **Mailing Address**
 RR2 BOX 8474 **NEW ADDRESS** **RR2 BOX 8474** **SOME CHANGE**
 FT WHITE FL 32038 **634 S.W. MANATEE TER** **FT WHITE FL 32038**
Fort White, FL 32038

2. Principal Place of Business **3. Mailing Address**
634 S.W. MANATEE TER **634 S.W. MANATEE TER**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Fort White, Florida **Fort White, Florida**
Zip **Country** **Zip** **Country**
32038 **USA** **32038** **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
MERRETT, JOHN M ESQ
2716 HERSCHEL STREET
JACKSONVILLE FL 32205 **NEW ADDRESS.**
MERRETT, JOHN M ESQ
1817 BAYARD PL
JACKSONVILLE FL 32205

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**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be**
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.** **Added to Fees**
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**
TITLE **DP** **TITLE** **DP**
NAME **CLINE, RONALD S.** **NAME** **CLINE, RONALD S.**
STREET ADDRESS **RR2 BOX 8474** **STREET ADDRESS** **634 S.W. MANATEE TER**
CITY-ST-ZIP **FT. WHITE FL 32038** **CITY-ST-ZIP** **FT. WHITE, FL 32038**
TITLE **OFFICER** **TITLE** **Change** **Addition**
NAME **ADDR 289** **NAME** **Change** **Addition**
STREET ADDRESS **Change** **Addition**
CITY-ST-ZIP **Change** **Addition**
TITLE **Change** **Addition**
NAME **Change** **Addition**
STREET ADDRESS **Change** **Addition**
CITY-ST-ZIP **Change** **Addition**
TITLE **Change** **Addition**
NAME **Change** **Addition**
STREET ADDRESS **Change** **Addition**
CITY-ST-ZIP **Change** **Addition**
TITLE **Change** **Addition**
NAME **Change** **Addition**
STREET ADDRESS **Change** **Addition**
CITY-ST-ZIP **Change** **Addition**

13. 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 11 or Block 12 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** **4/8/02** **386-497-2284**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)