

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90035 045 \*\*\*150.00

**DOCUMENT # P97000051751**

1. Entity Name

DAVID E. HILL, P.A.

Principal Place of Business

Mailing Address

2320 NORTHEAST SECOND STREET  
 SUITE 1-A  
 OCALA FL 34470

2320 NORTHEAST SECOND STREET  
 SUITE 1-A  
 OCALA FL 34470-6992

2. Principal Place of Business

3. Mailing Address

2537 SE 17th Street

2537 SE 17th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FLORIDA

City & State

OCALA FLORIDA

4. FEI Number

59-3466092

Applied For

Not Applicable

Zip

34471

Country

USA

Zip

34471

Country

USA

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

HILL, DAVID E  
 2320 NORTHEAST SECOND STREET  
 SUITE 1-A  
 OCALA FL 34470

Name

DAVID E HILL

Street Address (P.O. Box Number is Not Acceptable)

2537 SE 17th Street

City

OCALA

FL

Zip Code

34471

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.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME D  
 STREET ADDRESS HILL, DAVID E  
 CITY-ST-ZIP 2320 NORTHEAST SECOND STREET  
 OCALA FL 34470

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

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*DAVID E HILL*  
 DAVID E HILL

3-16-00

352 690 9766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #