

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 31, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90007 028 \*\*\*158.75

DOCUMENT # **P97000098265**

1. Entity Name

**HILLCREST BENEFIT-ADMINISTRATORS, INC.**

*R*

Principal Place of Business

18500 US HWY 441  
 MT DORA FL 32757

Mailing Address

P O BOX 1515  
 MT DORA FL 32756

2. Principal Place of Business

**18500 US HWY 441**

3. Mailing Address

**PO Box 1516**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MT DORA FL**

City & State

**MT DORA FL**

4. FEI Number

**59-3478181**

Applied For

Not Applicable

Zip  
**32757**

Country

Zip  
**32756**

Country  
**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BIRON, LOUIS R**  
**3861 WATERCREST DRIVE**  
**LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name  
**ROGER L SHEFFIELD**

Street Address (P.O. Box Number is Not Acceptable)  
**18500 US HWY 441**

City  
**MT DORA FL** Zip Code  
**32757**

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 *Roger L. Sheffield*

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

(NOTE: Registered Agent signature required when reinstating)

*7-21-00*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE **DP**  Delete  
 NAME **BIRON, LOUIR R**  
 STREET ADDRESS **18500 US HWY 441**  
 CITY-ST-ZIP **MT DORA FL 32757**

TITLE **DST**  Delete  
 NAME **HAMPTON, LANCE N**  
 STREET ADDRESS **18500 US HWY 441**  
 CITY-ST-ZIP **MT DORA FL 32757**

TITLE **DV**  Delete  
 NAME **SHEFFIELD, ROGER L**  
 STREET ADDRESS **18500 US HWY 441**  
 CITY-ST-ZIP **MT DORA FL 32757**

TITLE **D**  Delete  
 NAME **HILL, KAY**  
 STREET ADDRESS **18500 US HWY 441**  
 CITY-ST-ZIP **MT DORA FL 32757**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP**  Change  Addition  
 NAME **MILLER, SHIRLEY A**  
 STREET ADDRESS **18500 US HWY 441**  
 CITY-ST-ZIP **MT DORA FL 32757**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-21-00*

Date

*352-735-0552*

Daytime Phone #

15/001



FD070273

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

P.O. Box 6327  
Tallahassee, Florida 32314

ccuachmuna 947000098265



TO: 0015911 AF \*\*AUTO T9 6 1297 32756-151515

P97000098265

HILLCREST BENEFIT ADMINISTRATORS, INC.  
P O BOX 1515  
MT DORA FL 32756-1515

HILL753\* 323122009 1600 12 07/15/00  
NOTIFY SENDER OF NEW ADDRESS  
PO BOX 508  
CAIRO GA 31728-0508

!B11324  
PMB THOMASVILLE 32312--  
TALLAHASSEE FL 32312--  
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PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
FLORIDA DIVISION OF CORPORATIONS  
4821

Attachment

P970000 98265

ADD70273



**HILLCREST BENEFIT  
ADMINISTRATORS, INC.**

18500 U.S. Hwy. 441, Mt Dora, FL 32757  
P.O. Box 1516, Mt. Dora, FL 32756

(352) 735-0552

(800) 743-9264

Fax: (352) 735-0671

July 26, 2000

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee FL 32302-1500

Dear Sirs:

This letter is in reference to the "second request notice" regarding the annual report filing and premium fee.

Please be advised that our office was first notified on July 21, 2000 regarding the annual filing fee. As you can see the postal service had forwarded the information to the following addresses: Tallahassee, Fl then Cairo, Ga. without our knowledge. We have attached this for your review.

Please accept the \$150.00 filing fee plus the \$8.75 for the certificate as payment in full not subject to any penalty fee.

I look forward to your response. Should you have any questions, please feel free to contact me at the above number.

Sincerely,

Shirley A. Miller