

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024968

1. Entity Name

SIDEHILL PRODUCTIONS, INC

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90958 014 \*\*\*150.00

Principal Place of Business

Mailing Address

712 NW 91st TERRACE  
PLANTATION, FL. 33324

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

65-0820227

Applied For

Not Applicable

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

BRIDGES, GARY  
~~2051 NW 46TH AVE #202F~~  
~~LAUDERHILL FL. 33313~~

Name

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

712 NW 91ST TERRACE

City PLANTATION

FL

Zip Code 33324

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 \$350.00**  
**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 PD  
NAME BRIDGES, GARY  
STREET ADDRESS ~~2051 NW 46TH AVE~~  
CITY-ST-ZIP ~~LAUDERHILL FL 33313~~

TITLE  
NAME  
STREET ADDRESS 712 NW 91ST TERRACE  
CITY-ST-ZIP PLANTATION, FL. 33324

TITLE SD  
NAME MCMILLAN, CONNIE  
STREET ADDRESS 5551 LAKESIDE DRIVE  
CITY-ST-ZIP MARGATE, FL. 33063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #