

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086801

1. Entity Name

HILLS COURT, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90064 026 ***150.00

Principal Place of Business

2117 HILLS AVE.
TAMPA FL 33609

Mailing Address

332 ST. AUGUSTINE
TEMPLE TERRACE FL 33617-7230

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

148 Somerton Drive
Montgomery, TX
77356 USA

4. FEI Number

59-3536514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERDON, KIMBERLEE E
332 ST. AUGUSTINE
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE ☐ Delete

NAME **P**
STREET ADDRESS **SPAID, PHOEBE E**
CITY-ST-ZIP **148 SOMERTON DR.**
MONTGOMER TX 77356

TITLE ☐ Delete

NAME **VP**
STREET ADDRESS **ERB, JAMES L JR**
CITY-ST-ZIP **1019 STERLING AVE**
TAMPA FL 33629

TITLE ☐ Delete

NAME **D**
STREET ADDRESS **MONACO, DEBORAH E**
CITY-ST-ZIP **1050 NORMANDY TRACE ROAD**
TAMPA FL 33602

TITLE ☐ Delete

NAME **TM**
STREET ADDRESS **WINTER, DENISE E**
CITY-ST-ZIP **2902 PARKLAND BLVD**
TAMPA FL 33609

TITLE ☐ Delete

NAME **S**
STREET ADDRESS **GERDON, KIMBERLEE E**
CITY-ST-ZIP **332 ST. AUGUSTINE**
TEMPLE TERRACE FL 33617

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS **1016 Sterling Ave**
CITY-ST-ZIP **Tampa FL 33629**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS **4501 West Watrous Ave**
CITY-ST-ZIP **Tampa, FL 33629**

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:

Phoebe Erb Spaid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/14/00 (936) 597-6902
Date Daytime Phone #

CR25034 (2/00)