

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009892

1. Entity Name

HATFIELD-POLHILL HOMES, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90186 047 ***150.00

Principal Place of Business

154 NORTH BRIDGE STREET
LABELLE FL 33935

Mailing Address

154 NORTH BRIDGE STREET
LABELLE FL 33935-5087

2. Principal Place of Business

1220 E. Sugarland Hwy
Suite, Apt. #, etc.
Clewiston FL

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0893256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33440

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent

MARTINEZ, MARY C
154 NORTH BRIDGE STREET
LABELLE FL 33935

7. Name and Address of New Registered Agent

Name
Janet Hatfield
Street Address (P.O. Box Number is Not Acceptable)
818 N. Royal Palm Ave.
City
Clewiston FL Zip Code
33440

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

Janet Hatfield

Janet Hatfield

3/20/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD KINNEY, KENNETH E JR. 154 NORTH BRIDGE STREET LABELLE FL 33935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HATFIELD, DWIGHT 154 NORTH BRIDGE STREET LABELLE FL 33935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTINEZ, MARY C 154 NORTH BRIDGE STREET LABELLE FL 33935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dwight Hatfield 1220 E. Sugarland Hwy Clewiston FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Frank S. Polhill 1220 E. Sugarland Hwy Clewiston FL 33440	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dwight Hatfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/00 (863) 902-0770

CR2E034 (9/99)