

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90099 023 \*\*\*150.00

DOCUMENT # P99000033126

1. Entity Name

OAKHILL, INC.

Principal Place of Business

Mailing Address

1610 SOUTHERN BLVD.  
 WEST PALM BEACH FL 33406

1610 SOUTHERN BLVD.  
 WEST PALM BEACH FL 33406-3242



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1324 S. MAIN ST

1324 S. MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belle Glade, FL

City & State

Belle Glade, FL

Zip  
33430

Country  
USA

Zip  
33430

Country  
USA

4. FEI Number

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

HOFFMAN, ALLAN L  
 1610 SOUTHERN BLVD.  
 WEST PALM BEACH FL 33406

Name CALVIN D. ALSTON

Street Address (P.O. Box Number is Not Acceptable)  
 1324 S. MAIN ST

City Belle Glade, FL Zip Code 33430

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 *Calvin D. Alston* CALVIN D. ALSTON DATE 2-29-00

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	D	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, ALLAN L	
STREET ADDRESS	1610 SOUTHERN BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P., Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	H.E. Hill	
STREET ADDRESS	1324 S. MAIN ST	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	V.P., Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALVIN D. ALSTON	
STREET ADDRESS	1324 S. MAIN ST	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONA L. MILLER	
STREET ADDRESS	1324 S. MAIN ST	
CITY-ST-ZIP	Belle Glade, FL 33430	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Calvin D. Alston* CALVIN D. ALSTON DATE 2-29-00 561-996-4524

CR2E034 (9/99)