

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033126

1. Entity Name

OAKHILL, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90099 023 ***150.00

Principal Place of Business

Mailing Address

1610 SOUTHERN BLVD.
WEST PALM BEACH FL 33406

1610 SOUTHERN BLVD.
WEST PALM BEACH FL 33406-3242

2. Principal Place of Business

1324 S. MAIN ST.

Suite, Apt. #, etc.

3. Mailing Address

1324 S. MAIN ST.

Suite, Apt. #, etc.

City & State
Belle Glade, FL

Zip
33430

Country
USA

City & State
Belle Glade, FL

Zip
33430

Country
USA



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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

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
D
HOFFMAN, ALLAN L
STREET ADDRESS
1610 SOUTHERN BLVD.
CITY-ST-ZIP
WEST PALM BEACH FL 33406 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P., Dir.
H.E. Hill
STREET ADDRESS
1324 S. MAIN ST
CITY-ST-ZIP
Belle Glade, FL 33430 ☐ Change ☒ Addition

TITLE
NAME
V.P., Dir.
CALVIN D. ALSTON
STREET ADDRESS
1324 S. MAIN ST
CITY-ST-ZIP
Belle Glade, FL 33430 ☐ Change ☒ Addition

TITLE
NAME
Sec.
MONA L. MILLER
STREET ADDRESS
1324 S. MAIN ST
CITY-ST-ZIP
Belle Glade, FL 33430 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CALVIN D. ALSTON

2-29-00 561-996-4524

Date

Daytime Phone #

CR2E034 (9/99)