

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092007

1. Entity Name

B & R HILL ENTERPRISES, INC.

R

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90152 037 ***150.00

Principal Place of Business

% RICHARD CHURCHMAN
1255 MASON AVENUE
DAYTONA BEACH FL 32117

Mailing Address

% RICHARD CHURCHMAN-
1255 MASON AVENUE
DAYTONA BEACH FL 32117

2. Principal Place of Business

1609 RIDGEWOOD AVE

3. Mailing Address

1609 RIDGEWOOD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL

City & State

DAYTONA BEACH FL

4. FEI Number

59-3604913

Applied For

Not Applicable

Zip

Country

32117

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

RICHARD K. CHURCHMAN, P.A.

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

1255 MASON AVENUE

City

DAYTONA BEACH

FL

Zip Code

32117

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

Richard K. Churchman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-10-00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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
PD
HILL, RICHARD L
1255 MASON AVENUE
DAYTONA BEACH FL 32117

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
HILL, BARBARA L
1255 MASON AVENUE
DAYTONA BEACH FL 32117

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
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
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1609 RIDGEWOOD AVE.
DAYTONA BEACH, FL 32117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1609 RIDGEWOOD AVE.
DAYTONA BEACH, FL 32117

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Florida Department Of Revenue

Power of Attorney

899000012007

190103436

STF
DR-835
R. 01/97

(1) Taxpayer Information

Taxpayer's Name(s) and Address (Please type or print.) B&R HILL ENTERPRISES, INC. 1609 RIDGEWOOD AVENUE DAYTONA BEACH FL 32117	Social Security Number(s)	FEIN
		59-3604913
	Daytime Telephone Number	Florida Tax Registration Number

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

(2) Representative(s) (Please type or print.)

Name and Address RICHARD K. CHURCHMAN, CPA 1255 MASON AVENUE DAYTONA BEACH, FLORIDA 32117	Telephone No. 904-257-1646 Fax No. 904-257-1648
Name and Address	Telephone No. Fax No.
Name and Address	Telephone No. Fax No.

to represent the taxpayer(s) before the Department of Revenue for the following tax matters:

(3) Tax Matters

Type of Tax	Matter of Representation	Tax Periods
UNIFORM BUSINESS REPORT	ABATEMENT OF LATE FILING	2000
	PENALTY	

Said attorney(s)-in-fact (or either of them) shall, subject to revocation, have authority to receive or inspect confidential information and full power to perform on behalf of the taxpayer(s) the following acts with respect to the above tax matters: (Strike through any which are not granted.)

- To execute waivers of restrictions on assessment or collection of deficiencies in tax;
- To execute consents extending the statutory period for assessment or claims for refund of taxes;
- To execute closing agreements under Section 213.21 of the Florida Statutes;
- To receive, but not to endorse and collect, warrants in payment of any refund of taxes, penalties or interest;
- To delegate authority or to substitute another representative; and
- To perform other acts (be specific) _____

(4) Receipt of Refund Warrants: If you want to authorize a representative named in Section 2 to receive, but not to endorse or cash, refund warrants, initial here _____ and list the name of that representative below.

Name of representative to receive refund warrants _____

(5) Notices and Communications: Notices and other written communications will be sent only to the first representative listed in Section 2.

- a) If you want such notices and communications to go to you and not your representative, check this box ☐
- b) If you want such notices and communications to go to you and copies to go to your representative, check this box ☐

11000013007
Bv 103436

STF

- (6) This Power of Attorney revokes all prior Powers of Attorney on file with the Florida Department of Revenue with respect to the same tax matters and tax periods listed on page 1, except the following:

(7) Signature of or for taxpayer(s) _____

If signed by a corporate officer, partner, or fiduciary, I certify that I have the authority to execute this Power of Attorney on behalf of the taxpayer.

X *Richard L. Hill* PRESIDENT _____
(Signature) (Title, if Applicable) (Date)

X _____
(Signature) (Title, if Applicable) (Date)

- (8) If the power of attorney is granted to an attorney, certified public accountant, law student, enrolled agent, or former Department of Revenue employee, this declaration must be completed (check applicable box(es)). I declare that:

- ☐ I am a member in good standing of the bar of the highest court of the jurisdiction indicated below;
☒ I am duly qualified to practice as a certified public accountant in the jurisdiction indicated below;
☐ I am a law student who is certified pursuant to Article XVIII of the Integration Rule of the Florida Bar;
☐ I am an enrolled agent who is qualified to represent clients before the Internal Revenue Service as authorized in Treasury Department Circular No. 230;
☐ I am a former Department of Revenue employee. As a tax representative, I cannot accept representation in a matter upon the merits of which I had substantial responsibility while I was a public employee under Rule 28-5.1056 (2) (d) 4., F.A.C.;

Designation (Attorney, C.P.A., Law Student or Enrolled Agent)	Jurisdiction (State, etc.) or Enrollment Card Number	Signature	Date
C.P.A.	FLORIDA	<i>Richard L. Hill</i>	7-10-2000

- (9) If the power of attorney is granted to a person other than an attorney, certified public accountant, law student, or enrolled agent, it must be signed by the individual, witnessed and notarized.

I declare that:

I am qualified to appear in agency proceedings to represent the rights and interests of the taxpayer with respect to the tax matters enumerated in this agreement. My qualifications are set out below:

X _____
(Signature) (Date)

- (10) The person(s) signing as or for the taxpayer(s): (Check and complete both.)

☐ is/are known to, and signed in the presence of, the two disinterested witnesses, whose signatures appear here:

X _____
(Signature of Witness) (Date)

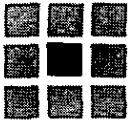
X _____
(Signature of Witness) (Date)

☐ appeared this _____ day of _____ 19 _____ before a notary public and acknowledged this power of attorney as his/her/their voluntary act and deed.

(Signature of Notary Public)

Personally known _____
or Produced Identification _____
Type of Identification Produced _____

(Print, Type or Stamp Name of Notary)



P 990000 92007

B 0103434

Richard K. Churchman, P.A.

CERTIFIED PUBLIC ACCOUNTANT

MEMBER: AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

1255 Mason Avenue • Daytona Beach, FL • 32117

(904) 257-1646 • FAX (904) 257-1648

E-mail - rkc@n-jcenter.com

MEMBER: FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

July 10, 2000

Division of Corporations

Post Office Box 6327

Tallahassee, Florida 32314

Re: B & R Hill Enterprises, Inc.

1609 Ridgewood Avenue

Daytona Beach, Florida 32117

This letter is in reference to the late filing of the 2000 Uniform Business Report for the above named corporation. The corporation did not receive the first report mailed out by your department, and therefore, requests abatement of the late filing fee.

Enclosed is a check for the original fee of \$150 and a signed Power of Attorney. The above named report must have been one of the many that were lost in the mail. Please contact me if you require any further information regarding this matter.

Your approval of this request is sincerely appreciated.

Sincerely,

Richard K. Churchman

Certified Public Accountant

Encls.

C: Richard Hill