

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90003 007 ***550.00

DOCUMENT # P99000092007

1. Entity Name
B & R HILL ENTERPRISES, INC.

Principal Place of Business
1609 RIDGEWOOD AVE
DAYTONA BEACH FL 32117

Mailing Address
1609 RIDGEWOOD AVE
DAYTONA BEACH FL 32117



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOLLY HILL, FL

City & State
HOLLY HILL, FL

4. FEI Number **59-3604913**

Applied For
☐ Not Applicable

Zip
32117-1733

Country

Zip
32117-1733

Country

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

CHURCHMAN, RICHARD K PA
1255 MASON AVE
DAYTONA BEACH FL 32117

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 \$550.00
After September 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
NAME
HILL, RICHARD L
STREET ADDRESS
1609 RIDGEWOOD AVE
CITY-ST-ZIP
DAYTONA BEACH FL 32117

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HOLLY HILL, FL 32117-1733

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
HILL, BARBARA L
1609 RIDGEWOOD AVE
DAYTONA BEACH FL 32117

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HOLLY HILL, FL 32117-1733

☐ Change ☐ Addition

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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: *Barbara L Hill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/01 386-676-7773
Date Daytime Phone #

CR2004 (5/01)