

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90249 046 ***150.00

0464785

DOCUMENT # 650409
 1. Entity Name
OAK HILL LAND, INC.

Principal Place of Business 1991 AMBASSADOR CT CHIPLEY FL 32428 US	Mailing Address 1991 AMBASSADOR CHIPLEY FL 32428 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-2026350**

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BELECKAS, WITHOLD
1991 AMBASSADOR CT
CHIPLEY FL 32428

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	BELECKAS, WITHOLD	
STREET ADDRESS	1991 AMBASSADOR COURT	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input type="checkbox"/> Delete
NAME	REGISTER, STEPHEN B J	
STREET ADDRESS	1552 BRICKYARD RD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BELECKAS, GENEVIEVE	
STREET ADDRESS	1991 AMBASSADOR CT	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LAPINSKI, ROMAN	
STREET ADDRESS	1040 W FINGERBEARD RD NO 2ND FLR	
CITY-ST-ZIP	STATES ISL NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	LABUTIS, VITAS	
STREET ADDRESS	2001 AMBASSADOR CT	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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)(f), 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: W. Withold Beleckas p.s. Date: Apr. 19. 2001 Daytime Phone #: 850-773-3333

CR2E034 (10/00)