

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **724428**

1. Entity Name

HIGHRIDGE CIVIC ASSOCIATION, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90103 031 ****61.25

Principal Place of Business

Mailing Address

**810 POINT PLEASANT PL.
 ALTAMONTE SPRINGS FL 32701**

**810 POINT PLEASANT PL.
 ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7337140

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIGGINS, TARA L
 810 POINT PLEASANT PL.
 ALTAMONTE SPRINGS FL 32701**

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | LEIGH, DUNCAN | |
| STREET ADDRESS | 306 HERNITAGE DRIVE | |
| CITY-ST-ZIP | ALTAMONTE SPRGS FL 32701 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | STROUP, STEVEE | |
| STREET ADDRESS | 323 HERMITAGE DR. | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32701 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | EVANS, RICHARD | |
| STREET ADDRESS | 818 LINDENWALD LANE | |
| CITY-ST-ZIP | ALTAMONTE SPRGS FL 32701 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | HIGGINS, TARA | |
| STREET ADDRESS | 810 POINT PLEASANT PL | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32701 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KNAUS, RICHARD | |
| STREET ADDRESS | 317 OAK HILL DRIVE | |
| CITY-ST-ZIP | ALTAMONTE SPRGS FL 32701 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHIARO, PAUL | |
| STREET ADDRESS | 311 OAK HILL DRIVE | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32701 | |

| | |
|----------------|---|
| 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 | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tara L. Higgins **TARA L. HIGGINS** 8-15-00 407 830 7511
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (5/00)