

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90018 046 ****61.25

DOCUMENT # 761645

1. Entity Name

HIGHLANDS COUNTY FAIR ASSOCIATION, INC.

Principal Place of Business

756 MAGNOLIA AVE
 P.O. BOX 1981
 SEBRING FL 33870
 US

Mailing Address

P OBOX 1981
 P.O. BOX 1981
 SEBRING FL 33871-1981
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1030418**

Applied For

Not Applicable

Zip

Country

Zip

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

SWAINE, J MICHAEL
245 SOUTH COMMERCE
SEBRING FL 33870

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

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	PD	<input type="checkbox"/> Delete
NAME	SPARKS, PAUL	
STREET ADDRESS	207 MINI RANCH RD.	
CITY-ST-ZIP	SEBRING FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BAKER, ROBERT	
STREET ADDRESS	835 SHAMROCK DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TRAVERS, DAVE	
STREET ADDRESS	123 MINI-RANCH RD	
CITY-ST-ZIP	SEBRING FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCHARGUE, WALT	
STREET ADDRESS	2500 KING DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KNOTT, MICHAEL	
STREET ADDRESS	1717 HYACINTH	
CITY-ST-ZIP	SEBRING FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WELDY, CURTIS		
STREET ADDRESS	2003 EVERLAST TERR.		
CITY-ST-ZIP	SEBRING, FL 33872	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	DS		
NAME	BRONSON, STEVE		
STREET ADDRESS	P.O. BOX 426, LORIDA, FL		
CITY-ST-ZIP	33857		
TITLE	DTASST.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHOOP, JOHN		
STREET ADDRESS	1927 N.E. LAKEVIEW DR.		
CITY-ST-ZIP	SEBRING, FL 33870	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2000
 Date

Daytime Phone #