

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0062753

DOCUMENT # 761645

1. Entity Name

HIGHLANDS COUNTY FAIR ASSOCIATION, INC.

03-20-2002 90231 020 ****61.25

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 US
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DUU43381



DO NOT WRITE IN THIS SPACE

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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4. FEI Number 59-1030418	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SWAINE, J MICHAEL
245 SOUTH COMMERCE
SEBRING FL 33870**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME VPD TRAVERS, DAVE	<input type="checkbox"/> Delete
STREET ADDRESS 1111 MIMI RANCH ROAD	
CITY-ST-ZIP SEBRING FL 33870	
TITLE NAME DS GOSE, MATTHEW	<input type="checkbox"/> Delete
STREET ADDRESS 4403 CAPRI AVE	
CITY-ST-ZIP SEBRING FL 33872	
TITLE NAME PD WELDY, CURTIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2003 EVERLAST TERR.	
CITY-ST-ZIP SEBRING FL 33872	
TITLE NAME DT KNOTT, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS 1717 HYACINTH	
CITY-ST-ZIP SEBRING FL	
TITLE NAME DS BRONSON, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS P.O. BOX 426	
CITY-ST-ZIP LORIDA FL 33857	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

*PD Thomas C. Lovett
4401 BUNKER DR
SEBRING, FLA. 33875*

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: *Thomas C. Lovett* **3/6/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)