

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90091 016 ***150.00

DOCUMENT # G80645
 1. Entity Name
FLORIDA HIGHLANDS PROPERTIES, INC.

Principal Place of Business 50 W MASHTA DRIVE SUITE 5 KEY BISCAIYNE FL 33149	Mailing Address 50 W MASHTA DRIVE SUITE 5 KEY BISCAIYNE FL 33149-2431
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 641 S. Mashta DR Suite, Apt. #, etc.
City & State	City & State Key Biscayne, FL
Zip 33149	Country USA

4. FEI Number 59-2420809	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LONDON, I. EDWARD
641 S. MASHTA DR
KEY BISCAIYNE FL 33149

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 _____ (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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GALLAGHER III, CHARLES T 50 W. MASHTA DRIVE KEY BISCAIYNE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LONDON, EDWARD I 50 W MASHTA DRIVE KEY BISCAIYNE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LONDON, VICTORIA 50 W. MASHTA DRIVE KEYBISCAIYNE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 641 S. Mashta Drive Key Biscayne, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 641 S. MASHTA DRIVE Key Biscayne, FL. 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 641 S. Mashta DR Key Biscayne FL. 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] Date: 3/9/2000 Daytime Phone #: 305-361-9720

CR2E034 (9/99)