

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90006 037 ****61.25

DOCUMENT # N00858

1. Entity Name
QUAIL RUN HEIGHTS, INC.

Principal Place of Business

C/O 1805 5TH AVE
 SEBRING FL 33872
 US

Mailing Address

C/O 1805 5TH AVE
 SEBRING FL 33872
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2870755

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SUGG, DUANE J
1805 5TH AVE
SEBRING FL 33872

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUGG, DUANE J	
STREET ADDRESS	1805 5TH AVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WINSTEAD, HERB	
STREET ADDRESS	1803 5TH AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	T	<input type="checkbox"/> Delete
NAME	STALDER, KATHRYN M	
STREET ADDRESS	1811 5TH AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	S	<input type="checkbox"/> Delete
NAME	SUGG, RITA A	
STREET ADDRESS	1805 5TH AVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

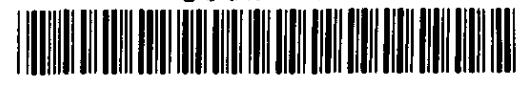
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00 (863) 385-0112
 Date Daytime Phone #

CR2E037 (9/99)

00020614



DO NOT WRITE IN THIS SPACE