## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A18509  1. Entity Name HIGHLAND ASSOCIATES, LTD.					<u> </u> 	SERRETABLE	ម
					OO MAR 17 PM 6: 25		
Principal Place of Business Mailing Address  1006 GROVE STREET 1006 GROVE STREET  CLEARWATER FL 33755 CLEARWATER FL 33755-49			STREET				
Principal Place of Business     3. Mailing Address			dress				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number	52-1421129	Applied For Not Applicable
Zip Country		Zip	Zip Country		5. Certificate of	Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curren	Registered Ager	nt	Name	7. Name and A	ddress of New Registered	d Agent
BORTON, PAMELA K. 1006 GROVE STREET				Street Address (P.O. Box Number is Not Acceptable)			
CLEARWATER FL 33755							
				City		F	Zip Code
8. The above	named entity submits this statement f	or the purpose of	changing its register	ed office or registe	ered agent, or both,	in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable	(NOTE Registers	ed Agent signature requin	(noitstanian aerlw be	DATE	
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.				<del></del>	•	11. MAKE CHECK PAYAB SEE REVERSE SIDE I	LE TO DEPT. OF STATE FOR FEE INFORMATION
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUS	INESS ENTITY M	UST BE REGIS	STERED AND AC	TIVE WITH THIS OFFIC	E. ~
12.	GENERAL PARTNE		13.		in must be mea	ADDRESS CHANGES C	
DOCUMENT #	BANKS, ROBERT J.		STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	33 N. GARDEN AVE., SUITE 12 CLEARWATER FL	00	СПҮ				
DOCUMENT #	GLOECKL, KEITH J.		STR	EET ADDRESS	1	_	
STREET ADDRESS CITY-ST-ZIP	AS AL CARDEN AVE. CHIEF 4000			(-ST-ZIP	JK 3/1		
DOCUMENT# NAME	MATHIS, RAY F:			EET ADORESS	<u>.</u> .	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY - ST - ZIP	33 N. GARDEN AVE., SUITE 12 CLEARWATER FL		СПУ	(-ST-ZIP			·
DOCUMENT # NAME STREET ADDRESS	BORTON, PAMELA K. 1006 GROVE STREET		STR	EET ADORESS	<del></del>	<del>00003182</del> -03/24/00-	<u> </u>
CITY-ST-ZIP	CLEARWATER FL		спу	/-ST-ZIP		-U3/24/00 ****535,00	-01039==021 <u>****535.80</u>
DOCUMENT # NAME			STR	EET ADORESS			
STREET ADDRESS CITY-ST-ZIP		, <u></u>	СПУ	/-ST-ZIP		<u>.</u>	
DOCUMENT#			STR	EET ADDRESS	·		
CITY-ST-ZIP			СПУ	(-ST-ZIP			
14. I hereby of indicated	certify that the information supplied wit on this report is true and accurate an	th this filing does not that my signature	ot qualify for the exe e shall have the sam	emption stated in S ie legal effect as if	Section 119.07(3)(i), made under oath; tl	Florida Statutes. I further o hat I am a General Partner	ertify that the information of the limited partnership or

3-10-00 727-443-325/ Date Date Daytime Phone #