

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0013879 AT

DOCUMENT # **A18509**

1. Entity Name

HIGHLAND ASSOCIATES, LTD.

02 APR 15 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1006 GROVE STREET
CLEARWATER FL 33755**

Mailing Address

**1006 GROVE STREET
CLEARWATER FL 33755**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

52-1421129

Applied For

Not Applicable

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

**BORTON, PAMELA K.
1006 GROVE STREET
CLEARWATER FL 33755**

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.

DATE

9. Capital Contributions
as Shown on record.

\$153,093.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**BANKS, ROBERT J.
33 N. GARDEN AVE., SUITE 1200
CLEARWATER FL**

STREET ADDRESS

CITY-ST-ZIP

600005293726--9

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**GLOECKL, KEITH J.
33 N. GARDEN AVE., SUITE 1200
CLEARWATER FL**

STREET ADDRESS

CITY-ST-ZIP

**-04/18/02--01068--023
****535.00 ****535.00**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**MATHIS, RAY F.
33 N. GARDEN AVE., SUITE 1200
CLEARWATER FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**BORTON, PAMELA K.
1006 GROVE STREET
CLEARWATER FL**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Pamela K. Borton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

General Partner

3/11/02 727-443-3251
Date Daytime Phone #

CR2E003 (9/01)