

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90211 014 \*\*\*150.00

**DOCUMENT # 135226**  
 1. Entity Name  
**HIGHLANDS FERTILIZER COMPANY**

Principal Place of Business 526 PARK STREET PO BOX 1299 SEBRING FL 33871-1299 US	Mailing Address 526 PARK STREET PO BOX 1299 SEBRING FL 33871-1299 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-0290375</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**HARSHMAN, W E**  
**526 PARK ST.**  
**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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (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 D NAME KOCH, LOUISE STREET ADDRESS 1908 DELEON PL CITY-ST-ZIP SEBRING FL	<input type="checkbox"/> Delete
TITLE D NAME ANDREWS, EMMETT STREET ADDRESS 2237 NE LAKEVIEW DRIVE CITY-ST-ZIP SEBRING FL	<input type="checkbox"/> Delete
TITLE VP NAME VICKERS, BARBARA STREET ADDRESS 1228 STENEWAHEE AVENUE CITY-ST-ZIP SEBRING FL 33870	<input type="checkbox"/> Delete
TITLE S NAME LEHMAN, PATRICIA (ASST) STREET ADDRESS 2729 QUEENSWOOD DRIVE CITY-ST-ZIP SEBRING FL	<input type="checkbox"/> Delete
TITLE STD NAME SCHUMACHER, C.R. STREET ADDRESS 1901 DE SOTO PLACE CITY-ST-ZIP SEBRING FL	<input type="checkbox"/> Delete
TITLE PD NAME HARSHMAN, WALTER E STREET ADDRESS 1416 NW LAKEVIEW DR CITY-ST-ZIP SEBRING FL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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: *C.R. Schumacher*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)