

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712495

1. Entity Name

HIGHLANDS COUNTY CATTLEMEN'S ASSOCIATION, INC.

Principal Place of Business

6417 US 27 SOUTH
SEBRING FL 33870

Mailing Address

6417 US 27 SOUTH
SEBRING FL 33870-5712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0165310

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

**HOGUE, PATRICK J
4509 W GEORGE BLVD.
SEBRING FL 33872**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **PAYNE, JOHN**
STREET ADDRESS **1015 LAKE SEBRING BLVD**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **President** ☐ Change ☒ Addition
NAME **Steve N Handley**
STREET ADDRESS **115 E Orange St**
CITY-ST-ZIP **Avon Park FL 33825-2457**

TITLE **TD** ☒ Delete
NAME **HARTT, SANFORD**
STREET ADDRESS **P.O. BOX 1556, 1245 LAKE LOTELA DR**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Andy Russell**
STREET ADDRESS **109 Huntley Dr**
CITY-ST-ZIP **Lake Placid FL 33852-6973**

TITLE **D** ☐ Delete
NAME **BRUNSON, STEVE**
STREET ADDRESS **BLUFF HAMMOCK RD, P O BOX 426**
CITY-ST-ZIP **LORIDA FL 33857**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **LOLLIS, GENE**
STREET ADDRESS **828 BUCK ISLAND RANCH RD**
CITY-ST-ZIP **LAKE PLACID FL 33825**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Gene Lollis**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **BUTLER, R D**
STREET ADDRESS **5677 E BUTLER RD**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Chris Sebring**
STREET ADDRESS **9260 Spring Valley Ln**
CITY-ST-ZIP **Sebring FL 33872**

TITLE **D** ☐ Delete
NAME **STOKES, EDGAR**
STREET ADDRESS **241 BAY ST, P.O. BOX 266**
CITY-ST-ZIP **LORIDA FL 33857**

TITLE ☐ Change ☐ 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)(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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFE037 (9/99)

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

04-14-2000 90003 013 ****61.25



DO NOT WRITE IN THIS SPACE