

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

0087513

**DOCUMENT # 712495**

1. Entity Name

**HIGHLANDS COUNTY CATTLEMEN'S ASSOCIATION, INC.**

03-05-2001 90327 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6417 US 27 SOUTH  
SEBRING FL 33870

6417 US 27 SOUTH  
SEBRING FL 33870

00030272

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0165310

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE P ☒ Change ☐ Addition  
NAME Chris Sebring  
STREET ADDRESS 9260 Spring Valley L  
CITY-ST-ZIP Sebring FL 33875

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

TITLE TD ☒ Change ☐ Addition  
NAME Kevin Milder  
STREET ADDRESS 3000 Scrupens Rd  
CITY-ST-ZIP Sebring FL 33870

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

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

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

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

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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS SEBRING, President,

863/402-6540

Date

Daytime Phone #

CR2E037 (10/00)