

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0062872

DOCUMENT # 712495

1. Entity Name

HIGHLANDS COUNTY CATTLEMEN'S ASSOCIATION, INC.

04-11-2002 90061 023 ****61.25

Principal Place of Business

Mailing Address

6417 US 27 SOUTH
SEBRING FL 33876

6417 US 27 SOUTH
SEBRING FL 33876

33876

33876

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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 **Gene Lollis**

Street Address (P.O. Box Number is Not Acceptable)

6417 U.S. Hwy 27 S

Sebring

City **Sebring**

FL

Zip Code **33876**

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

Gene Lollis

4-5-02

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 **SEBRING, CHRIS**
STREET ADDRESS **9260 SPRING VALLEY LANE**
CITY-ST-ZIP **SEBRING FL 33875**

TITLE **President** ☒ Change ☐ Addition
NAME **Gene Lollis**
STREET ADDRESS **300 Buck Island Ranch Rd**
CITY-ST-ZIP **Lake Placid FL 33852**

TITLE **TD** ☒ Delete
NAME **MILLER, KEVIN**
STREET ADDRESS **3000 SCRUPPENS ROAD**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **Treasurer/Director** ☒ Change ☐ Addition
NAME **Stan Perry**
STREET ADDRESS **112 Park Land Dr- P O Box 388**
CITY-ST-ZIP **Venus FL 33960**

TITLE **D** ☐ Delete
NAME **HANDLEY, STEVE**
STREET ADDRESS **115 E ORANGE STREET**
CITY-ST-ZIP **AVON PARK FL 33825**

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

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

TITLE **Secretary/Director** ☐ Change ☒ Addition
NAME **Ladd Bass**
STREET ADDRESS **1064 Sheppard Rd**
CITY-ST-ZIP **Venus FL 33960**

TITLE **VPD** ☐ Delete
NAME **RUSSELL, ANDY**
STREET ADDRESS **109 HUNTLEY DRIVE**
CITY-ST-ZIP **LAKE PLACID FL 33852-6973**

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

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: **GENE LOLLIS**
Gene Lollis **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-02 **863 699-6224**
482-6224

CR2E037 (9/01)