## 5/16/0 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 05, 2000 8:00 am Secretary of State **DOCUMENT # 726497** 05-16-2000 90001 044 \*\*\*\*61.25 SHEOAH HIGHLAND TWO, INC. Principal Place of Business Mailing Address N DON ASHER & ASSOCIATES. INC. 52 EAST SOUTH STREET ORLANDO FL 32801 % DON ASHER & ASSOCIATES, INC. 52 EAST SOUTH STREET ORLANDO FL 82801-3308 2. Principal Place of Busin 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-1463359 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent DON ASHER & ASSOCIATES, INC. GARY\_BUTCHER - 52 EAST SOUTH STREET 411-33 SHEOAH BLVG ORLANDO FL 32801 pegistered office or registered agent, or both, in the state of Florida. SIGNATURE Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change (X) Delete TITLE NAME RIDER, MARGARET NAME STREET ADDRESS STREET ADDRESS 409-27 SHEOAH BLVD CHY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL Change ☐ Addition TITLE Delete me NAME POPLOCK, HEWIE NAME STREET ADDRESS STREET ADDRESS 411 SHEOAH BLVD, #41 CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-7IP Addition Change Change Delete TITLE NEWQUIST VERNITA-NAME NAME STREET ADDRESS STREET ADDRESS 405-7 SHEOAH BLVD CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL ☐ Addition Change Delete TITLE NAME newquist, vernitā Treasurer 405-7 SHEOAH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 Addition ☐ Change TITLE Delete TITLE BUTCHER, GARY NAME ne. STREET ADDRESS STREET ADDRESS 411-33 SHEOAH BLVD CITY-ST-ZIP CITY-\$1-ZIP WINTER SPRINGS FL 32708 Addition MUERS ☐ Change TITLE NAME NAME STREET ADDRESS 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 cath; 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: