

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-11-2002 90061 005 ****61.25

DOCUMENT # 726497

1. Entity Name

SHEOAH HIGHLAND TWO, INC.

Principal Place of Business

Mailing Address

**411 33 SHEOAH BLVD
 WINTER SPRINGS FL 32708
 US**

**411 33 SHEOAH BLVD
 WINTER SPRINGS FL 32708
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1463359

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTCHER, GARY
 411-33 SHEOAH BLVD
 WINTER SPRINGS FL**

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 NAME Delete
PD POPLOCK, HEWIE
 STREET ADDRESS **411 SHEOAH BLVD, #41**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
TD NEWQUIST, VERNITA
 STREET ADDRESS **405-7 SHEOAH BLVD**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
VPD BUTCHER, GARY
 STREET ADDRESS **411-33 SHEOAH BLVD**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
DS MYERS, DAVID
 STREET ADDRESS **409-255 SHEOAH BLVD**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete

TITLE NAME Change Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/01/02

Date

407-740-0046

Daytime Phone #

CR2E037 (9/01)