

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90501 047 \*\*\*\*61.25

**DOCUMENT # 735897**

1. Entity Name

**HIGHLANDS ASSOCIATION OF REALTORS, INC.**

Principal Place of Business

**3200 US 27 SOUTH  
 STE. 302  
 SEBRING FL 33870  
 US**

Mailing Address

**3200 US 27 SOUTH  
 STE. 302  
 SEBRING FL 33870  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1684961**

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

**MARINE, DEBRA A  
 3200 US 27 SOUTH  
 STE. 302  
 SEBRING FL 33870**

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 **PD** ☐ Delete  
 NAME **OTTERMAN, JAMES K**  
 STREET ADDRESS **2617 U.S. 27 SOUTH**  
 CITY-ST-ZIP **SEBRING FL 33810**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **WOOD, James**  
 STREET ADDRESS **1000-A West Main Street**  
 CITY-ST-ZIP **Avon Park 71 33825**

TITLE **TD** ☐ Delete  
 NAME **DONOHUE, JAMES**  
 STREET ADDRESS **235 US 27 NORTH**  
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **VP-D** ☐ Change ☐ Addition  
 NAME **Bock, Teresa**  
 STREET ADDRESS **2617 US 27 South**  
 CITY-ST-ZIP **Sebring 71 33870**

TITLE **D** ☐ Delete  
 NAME **FRICKER, LOWELL J SR.**  
 STREET ADDRESS **2523 U.S. 27 SOUTH**  
 CITY-ST-ZIP **SEBRING FL 33825**

TITLE **VP-D** ☒ Change ☐ Addition  
 NAME **Donohue, James**  
 STREET ADDRESS **809 US 27 South**  
 CITY-ST-ZIP **Sebring 71 33870**

TITLE **VPD** ☐ Delete  
 NAME **WOOD, JAMES**  
 STREET ADDRESS **1000 A WEST MAIN STREET**  
 CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **T-D** ☒ Change ☒ Addition  
 NAME **Jones, Susan**  
 STREET ADDRESS **226 S. Ridgewood Dr.**  
 CITY-ST-ZIP **Sebring 71 33870**

TITLE **VPD** ☐ Delete  
 NAME **BROCK, TERESA**  
 STREET ADDRESS **2617 US 27 SOUTH**  
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **D** ☒ Change ☐ Addition  
 NAME **OTterman, James**  
 STREET ADDRESS **2617 US 27 South**  
 CITY-ST-ZIP **Sebring 71 33870**

TITLE **AE** ☐ Delete  
 NAME **MARINE, DEBRA A**  
 STREET ADDRESS **3200 U.S. 27 SOUTH., SUITE 302**  
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **A2** ☒ Change ☐ Addition  
 NAME **Marine, Debra A**  
 STREET ADDRESS **3200 US 27 South, Suite 302**  
 CITY-ST-ZIP **Sebring 71 33870**

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 RESOURCE Marine**

**3-05-01**

**8633856014**

Date

Daytime Phone #

CR2E037 (10/00)