

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742248

1. Entity Name

HIGHLANDS COUNTY AMATEUR RADIO CLUB, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90002 001 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 2149
LAKE PLACID FL 33852

POST OFFICE BOX 2149
LAKE PLACID FL 33862-2149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

DIBBLE, WILLIAM B
3053 BIRCH RD
LAKE PLACID FL 33852

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 William B. Dibble, William B. Dibble, Secretary
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-21-00

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	<input checked="" type="checkbox"/> Delete
NAME	KORAHDA, DENNIS	
STREET ADDRESS	2701 VAN PELT RD	
CITY-ST-ZIP	SEBRING FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOLKOVE, BERNIE	
STREET ADDRESS	6824 S C-17	
CITY-ST-ZIP	SEBRING FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIBBLE, WILLIAM	
STREET ADDRESS	3053 BIRCH RD.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DIBBLE, PHYLLIS V	
STREET ADDRESS	3053 BIRCH RD	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURTON, WAYNE	
STREET ADDRESS	1301 NAHAW AVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOUSER, GORDON	
STREET ADDRESS	1620 PALM ST	
CITY-ST-ZIP	LAKE PLACID FL	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberts, Don	
STREET ADDRESS	308 Eagle Ave	
CITY-ST-ZIP	Sebring, FL 33872	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith Myers	
STREET ADDRESS	211 Jay Ave	
CITY-ST-ZIP	Sebring, FL 33872	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roy Loweke	
STREET ADDRESS	6937 Sparta Rd.	
CITY-ST-ZIP	Sebring, FL 33872	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

William B. Dibble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-00 863-465-8176

Date

Daytime Phone #

CR2E037 (9/99)