

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90238 002 \*\*\*\*61.25

**DOCUMENT # 762377**

1. Entity Name

**HIGHLANDS LITTLE THEATRE, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 691  
 SEBRING FL 33871-0691

P.O. BOX 691  
 SEBRING FL 33871-0691

LU006299



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1211648**

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

**OBERHAUSEN, FRANK C JR**  
**241 SOUTH COMMERCE AVENUE**  
**SEBRING FL 33870**

Name **WALSH, THOMAS F.**  
 Street Address (P.O. Box Number is Not Acceptable)

**4410 SELAH ROAD**

City **SEBRING** FL Zip Code **33872**

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.

**THOMAS F. WALSH, TREASURER**

SIGNATURE *Thomas F. Walsh*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/11/2000**

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	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WALDRON, JANET</b>	
STREET ADDRESS	<b>527 SOUTH PINE</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COFFEY, G</b>	
STREET ADDRESS	<b>2924 HADDOCK D</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LOVELETTE, T</b>	
STREET ADDRESS	<b>5831 GOLDEN RD</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>POLLARD, PETER H</b>	
STREET ADDRESS	<b>368 S COMMERCE AVE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEIGER, LEE</b>	
STREET ADDRESS	<b>1512 PINE AVE.</b>	
CITY-ST-ZIP	<b>LAKE PLACID, FL. 33852</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDONALD, DEE</b>	
STREET ADDRESS	<b>3301 MONZA DR.</b>	
CITY-ST-ZIP	<b>SEBRING, FL. 33872</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCOLLUM, JAMES</b>	
STREET ADDRESS	<b>129 S. COMMERCE AVE.</b>	
CITY-ST-ZIP	<b>SEBRING, FL. 33870</b>	
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		

CFR2E037 (9/99)

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: *Thomas F. Walsh* **THOMAS F. WALSH, TREASURER** **4/11/2000** **382-1797**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #