

2001 UNIFORM BUSINESS REPORT (UBR)

5/1:

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-18-2001 91565 010 ****61.25

DOCUMENT # 762377
 1. Entity Name
HIGHLANDS LITTLE THEATRE, INC.

LA

Principal Place of Business Mailing Address
 P.O. BOX 691 P.O. BOX 691
 SEBRING FL 33871-0691 SEBRING FL 33871-0691



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3516 WEST CENTER AVENUE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SEBRING FL
 Zip Country Zip Country
33870 **USA**

4. FEI Number Applied For
59-1211648 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WALSH, THOMAS F
4410 SELAH RD
SEBRING FL 33872

7. Name and Address of New Registered Agent
 Name **LISA THOMAS**
 Street Address (P.O. Box Number is Not Acceptable)
1738 MYRTLE AVENUE
 City **SEBRING** FL Zip Code **33870**

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 *Lisa Thomas* **LISA THOMAS, Treasurer** **5-10-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$81.25

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GEIGER, LEE	
STREET ADDRESS	1512 PINE AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, DEE	
STREET ADDRESS	3301 MONZA DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCOLLUM, JAMES	
STREET ADDRESS	129 S COMMERCE AVE	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	POLLARD, PETER H	
STREET ADDRESS	368 S COMMERCE AVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDIE GARNICH	
STREET ADDRESS	4523 VIVIAN DRIVE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	VICE PRESIDENT - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL LOGSDON	
STREET ADDRESS	265 MCCAY ROAD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	SECRETARY - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDY SUTTER	
STREET ADDRESS	308 WREN AVENUE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	TREASURER - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA THOMAS	
STREET ADDRESS	1738 MYRTLE AVENUE	
CITY-ST-ZIP	SEBRING, FL 33870	
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		

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: *Lisa Thomas* **LISA THOMAS, Treasurer** **5-10-01** **(813) 382-1515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (10/00)