

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90702 002 \*\*\*\*61.25

**DOCUMENT # 762377**



1. Entity Name  
**HIGHLANDS LITTLE THEATRE, INC.**

Principal Place of Business  
**356 WEST CENTER AVENUE  
SEBRING FL 33870**

Mailing Address  
**P.O. BOX 691  
SEBRING FL 33871-0691**

40000039



CHECK HERE IF MAKING CHANGES

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

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

**THOMAS, LISA  
1738 MYRTLE AVENUE  
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>P ELLIOTT, HOLLY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>374 CATFISH CREEK ROAD</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL 33852</b>	
TITLE NAME	<b>VPD LOGSDON, MICHAEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>265 MCCOY ROAD</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872</b>	
TITLE NAME	<b>SD SUTTER, JUDY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>308 WREN AVENUE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872</b>	
TITLE NAME	<b>TD THOMAS, LISA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1738 MYRTLE AVENUE</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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

**1-8-03**      **813 382 1991**

CRE037 (10/02)