

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014287 AT

DOCUMENT # A13371

1. Entity Name

HIGHLANDS LAKE, LTD.

FILED

02 MAY -1 PM 6:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

5015 S. FLORIDA AVENUE  
LAKELAND FL 33813

Mailing Address

P.O. BOX 5252  
LAKELAND FL 33807

2. Principal Place of Business

500 S. FLORIDA Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite 700

DUE BY MAY 1, 2002

City & State

Lakeland Fl

City & State

4. FEI Number 59-2249225

Applied For

Not Applicable

Zip

33801

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, TIMOTHY F ESQ.  
C/O CLARK & CAMPBELL, P.A.  
4740 CLEVELAND HEIGHTS BLVD.  
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

500 S. FLORIDA Ave

Suite 800

City

Lakeland

FL

Zip Code 33801

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.

DATE

9. Capital Contributions as Shown on record.

\$26,550.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # 616872  
NAME CENTURY REALTY FUNDS, INC  
STREET ADDRESS 5015 S. FLORIDA AVENUE  
CITY-ST-ZIP LAKELAND FL 33813

13. ADDRESS CHANGES ONLY

STREET ADDRESS 500 S. FLORIDA Ave Suite 700  
CITY-ST-ZIP Lakeland Fl 33801

DOCUMENT #  
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CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Signature of Timothy F. Campbell*

4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (9/01)