

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, Apt. #, etc.
Suite 700

City & State
Lakeland Fl

DUE BY MAY 1, 2002

City & State
Lakeland Fl

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

7. Name and Address of New Registered Agent

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

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # 616872	NAME CENTURY REALTY FUNDS, INC	STREET ADDRESS 500 S. FLORIDA Ave Suite 700	
STREET ADDRESS 5015 S. FLORIDA AVENUE	CITY-ST-ZIP LAKELAND FL 33813	CITY-ST-ZIP Lakeland Fl 33801	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

189.00

88.75

8.75

286.50

BK

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******286.50 ****286.50**

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:  **4/30/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CP2E003 (9/01)