

2002 UNIFORM BUSINESS REPORT (UBR)

0015041 AT

DOCUMENT # **A26738**

1. Entity Name

HIGHLAND PROPERTIES OF LEE AND COLLIER, LIMITED

FILED

02 APR 29 PM 4: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~6607 CHESTNUT CIRCLE~~
NAPLES FL ~~34109~~

Mailing Address

~~6607 CHESTNUT CIRCLE~~
NAPLES FL ~~34109~~



2. Principal Place of Business

2223 TRADE CENTER WAY
Suite, Apt. #, etc.

3. Mailing Address

2223 TRADE CENTER WAY
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-2270549

Applied For

Not Applicable

Zip

34109

Country

USA

Zip

34109

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIESKY, JAMES H
1000 N. TAMiami TR.
SUITE 201
NAPLES FL 33940

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record.

\$5,233,907.00

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 #
NAME **HUBSCHMAN, SAMUEL**
STREET ADDRESS ~~6502 TRAIL BLVD.~~
CITY-ST-ZIP **NAPLES FL 34109**

DOCUMENT #
NAME **HUBSCHMAN, ALBERT**
STREET ADDRESS **525 SOLL STREET**
CITY-ST-ZIP **NAPLES FL 34109**

DOCUMENT #
NAME **BEYRENT, TERYL**
STREET ADDRESS **5147 SEAHORSE AVE.**
CITY-ST-ZIP **NAPLES FL 34103**

DOCUMENT #
NAME **HUBSCHMAN, HARRISON**
STREET ADDRESS ~~6607 CHESTNUT CIRCLE~~
CITY-ST-ZIP **NAPLES FL 34109**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2140 HAWKS RIDGE DRIVE #1703**
CITY-ST-ZIP **NAPLES, FL 34105**

STREET ADDRESS **900005505369--9**
CITY-ST-ZIP **-05/13/02--01018--017**
*****526.25 ***526.25**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **6855 OLD BANYAN WAY**
CITY-ST-ZIP **NAPLES, FL 34109**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HARRISON HUBSCHMAN 4/16/02 239-566-2780

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE