

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26738**

1. Entity Name
HIGHLAND PROPERTIES OF LEE AND COLLIER, LIMITED



FILED

03 MAY -2 PM 6:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**2223 TRADE CENTER WAY
NAPLES FL 34109**

Mailing Address
**2223 TRADE CENTER WAY
NAPLES FL 34109**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-2270549**

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

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

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

9. Capital Contributions
as Shown on record.

\$5,233,007.00
1,874,865

10. Amount of Capital Contributions
in FLORIDA to date.

1,874,865

11. MAKE CHECK PAYABLE TO FL. 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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HUBSCHMAN, SAMUEL
2140 HAWKS RIDGE DRIVE, #1703
NAPLES FL 34105**

STREET ADDRESS
CITY-ST-ZIP
**300017896993
05/02/03--01062--002 **526.25**

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

STREET ADDRESS
CITY-ST-ZIP

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

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HUBSCHMAN, HARRISON
6855 OLD BANYAN WAY
NAPLES FL 34109**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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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

4/28/03 239-566-2780

Date Daytime Phone #

CR2E003 (10/02)