

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90140 049 ***150.00

DOCUMENT # H71008

1. Entity Name
HIGHLANDS INDEPENDENT BANK

Principal Place of Business
2600 U.S. HIGHWAY 27. NORTH
SEBRING FL 33870

Mailing Address
2600 U.S. HIGHWAY 27. NORTH
SEBRING FL 33870-1871

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2571173**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **CREWS, ROBERT C**
 STREET ADDRESS **475 LAKE LOTELA DR**
 CITY-ST-ZIP **AVON PARK FL**

TITLE **VC** ☐ Delete
 NAME **MACKLIN, NANCY K**
 STREET ADDRESS **609 E. MAIN STREET**
 CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **V** ☐ Delete
 NAME **STEEDLEY, HAZEL J**
 STREET ADDRESS **2427 N. AVON BLVD**
 CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **D** ☐ Delete
 NAME **KOCH, EDWARD O., JR.**
 STREET ADDRESS **1908 DELEON PL**
 CITY-ST-ZIP **SEBRING FL**

TITLE **VD** ☐ Delete
 NAME **SHOOP, JOHN C**
 STREET ADDRESS **1927 N.E. LAKEVIEW DR**
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **CD** ☐ Delete
 NAME **BARBEN, ROBERT J**
 STREET ADDRESS **304 S DELANEY AVE**
 CITY-ST-ZIP **AVON PARK FL 33825**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **A/C** ☐ Change ☒ Addition
 NAME **JOY F. RINK**
 STREET ADDRESS **1802 LAKESHORE RD**
 CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Change ☐ Addition
 NAME **HAZEL J. STEEDLEY**
 STREET ADDRESS **400 MARAVILLA AVE**
 CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **R/M** ☐ Change ☒ Addition
 NAME **LU EDWARDS**
 STREET ADDRESS **3306 ASTORIA AVE**
 CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **P/CEO/D** ☒ Change ☐ Addition
 NAME **JOHN C. SHOOP**
 STREET ADDRESS **1927 N.E. LAKEVIEW DR.**
 CITY-ST-ZIP **SEBRING, FL 33870**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 (863) 385-8700

Date

Daytime Phone #

CR: 034 (9/99)

#11000
B0013204

C/D	BARBEN, ROBERT J.	304 S DELANEY AVE. P.O. BOX 1056	AVON PARK FL	33825
D	CREWS, ROBERT C.	475 LAKE LOTELA DR. P.O. BOX 1117	AVON PARK FL	33825
D	DAVIS, JOE L.	708 EAST MAIN ST.	WAUCHULA FL	33873
D	KOCK, EDWARD O., JR.	1908 DELEON PL.	SEBRING FL	33870
D	PAHK, KYE C.	4017 LAFAYETTE AVE	SEBRING, FL	33872
D	SCHUMACHER, CHARLES R.	1901 DE SOTO PL.	SEBRING FL	33870
D	SHACKELFORD, CHARLES L.	1070 W. LOUISIANA AVE. P.O. BOX 1420	WAUCHULA FL	33873
D	TAYLOR, C. WAYNE	814 NW LAKEVIEW DR.	SEBRING FL	33870
D	WATKINS, THOMAS S.	531 LAKE LOTELA DR. E. P.O. BOX 1355	AVON PARK FL	33825
D/E	CREWS, C. ELTON	1275 LAKE LOTELA DR. P.O. BOX 1405	AVON PARK FL	33825

OFFICERS

P/CEO/D	SHOOP, JOHN C.	1927 NE LAKEVIEW DR.	SEBRING, FL	33870
V	STEEDLEY, HAZEL J.	400 MARAVILLA Ave	SEBRING, FL	33872
V	GRAF, PATRICIA	3182 W. XAVIER	AVON PARK, FL	33825
V	SCHOLL, DAVID E.	1420 DUFFER RD.	SEBRING, FL	33872
V/C	MACKLIN, NANCY K.	609 E. MAIN ST.	AVON PARK, FL	33825
A/C	HEINTZ, KIMBERLY A.	612 ENTRADA AVE.	SEBRING, FL	33872
A/C	JOY F. RINK	1802 LAKESHORE RD.	AVON PARK, FL	33825
A/A	JARRIEL, SHIRLEY D.	157 MANLEY RD. RT. 2, BOX 175	WAUCHULA, FL	33873
R/M	LU EDWARDS	3306 ASTORIA AVE	SEBRING, FL	33872