

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H71008

1. Entity Name  
HIGHLANDS INDEPENDENT BANK

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90024 019 \*\*\*150.00

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

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

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 \_\_\_\_\_ (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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREWS, ROBERT C 475 LAKE LOTELA DR AVON PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MACKLIN, NANCY K 609 E. MAIN STREET AVON PARK FL 33825	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEEDLEY, HAZEL J 400 MARAVILLA AVE SEBRING FL 33872	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCH, EDWARD O., JR. 1908 DELEON PL. SEBRING FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SHOOP, JOHN C 1927 N.E. LAKEVIEW DR SEBRING FL 33870	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BARBEN, ROBERT J 304 S DELANEY AVE AVON PARK FL 33825	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Candace Patton 5609 Josephine Rd Lake Placid, FL 33852	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Laura Ramirez 4630 Leucadendra Dr Sebring, FL 33872	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of 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: Harold J Steedley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

(863) 385-8700

Date

Daytime Phone #

CR2E034 (10/00)

038332  
Attachment  
D# 471008

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	CANDACE PATTON	5609 JOSEPHINE RD	LAKE PLACID, FL	33852
V	LAURA RAMIREZ	4630 LEUCADENDRA DR	SEBRING, FL	33872
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