

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90213 020 ****50.00

DOCUMENT # L00000008843

1. Entity Name

HIGHLANDS RIDGE UTILITIES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3003 E. Fairway Vista Drive

Suite, Apt. #, etc.

3. Mailing Address

1275 Lake Heathrow Lane

Suite, Apt. #, etc.

City & State
Avon Park, FL

City & State
Heathrow, FL

4. FEI Number
59-3659760

Applied For
Not Applicable

Zip
33825

Country
United States

Zip
37246

Country
United States

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Alexander, Larry B. Esq.

Street Address (P.O. Box Number is Not Acceptable)
505 South Flagler Drive, Suite 1100

City
West Palm Beach, FL Zip Code
33401

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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Sebring Land Limited Partnership
1275 Lake Heathrow Lane
Heathrow, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
27/SSH Corp.
1275 Lake Heathrow Lane
Heathrow, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Dick, Michael T.
1275 Lake Heathrow Lane
Heathrow, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Meseroll, David B.
2801 S. Clubhouse Blvd.
Avon Park, FL 33825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

George P. Apostolicas Pres. 4/30/02 (407) 333-1400

CR2E083B (12/01)