

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009111

1. Entity Name

HIGHLAND WOODS, LLC

Principal Place of Business

Mailing Address

C/O CARRIE BETH BARIS
1166 SW ALL AMERICAN BOULEVARD
PALM CITY FL 34990

C/O CARRIE BETH BARIS
1166 SW ALL AMERICAN BOULEVARD
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRIE BETH BARIS
1166 SW ALL AMERICAN BOULEVARD
PALM CITY FL 34990

Name Jason K. Lesser
Street Address (P.O. Box Number is Not Acceptable)

28100 U.S. 19 No. 511
City CLEARWATER FL Zip Code 33761

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

Carrie Beth Baris

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

(NOTE: Registered Agent signature required when reinstating)

7/12/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MANAGING MEMBER
NAME CARRIE BETH BARIS
STREET ADDRESS 1166 SW ALL AMERICAN BVD
CITY-ST-ZIP PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MANAGER
NAME JASON LESSER
STREET ADDRESS 28100 U.S. 19 N. 511
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE
NAME
STREET ADDRESS 400004488344-1
CITY-ST-ZIP -07/20/01--01101--004
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11. 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 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:

Carrie Beth Baris

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

Date

Daytime Phone #

7/12/01 727-725-5544

CR2E083 (5/01)

STAPLE CHECK HERE