

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000012598**

Entity Name

**HIGHLAND DISTRIBUTION LLC**

Principal Place of Business

**25 CNETRAL SQUARE, SUITE F2  
P.O. BOX 4816  
SEASIDE FL 32459**

Mailing Address

**25 CNETRAL SQUARE, SUITE F2  
P.O. BOX 4816  
SEASIDE FL 32459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**  
**01 OCT 16 PM 12:17**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**MCCALLUM, EDMUND C  
25 CNETRAL SQUARE, SUITE F2  
SEASIDE FL 32459**

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

**FILE NOW!!! FEE IS \$50.00**

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

**400004653394--5**

**10/25/01--01029--017**

**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **OWNER/MANAGER** ☐ Delete  
NAME **Edmund McCallum**  
STREET ADDRESS **35 GULF HILLS RD.**  
CITY-ST-ZIP **SANTA ROSA BEACH, FL. 32459**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

**Edmund C. McCallum**

Date

Daytime Phone #

**9-17-01**

**850-231-1543**

CR2E083 (5/01)