

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L32111**

1. Entity Name

HIGHLAND RESORTS ENTERPRISES, INC.

Principal Place of Business

**7984 SAILBOAT KEY S
BLDG. 10, UNIT 208
SOUTH PASADENA FL 33707
US**

Mailing Address

**7984 SAILBOAT KEY S
BLDG. 10, UNIT 208
SOUTH PASADENA FL 33707
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3015278**

Applied For

☒ Not Applicable5. 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****TUTTLE, KATHRYN
7984 SAILBOAT KEY SOUTH
BLDG. 10, UNIT 208
SOUTH PASADENA FL 33707**

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, 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	PD	<input type="checkbox"/> Delete
NAME	DEAN, DAVID A.	
STREET ADDRESS	7984 SAILBOAT KEY S, BLDG. 10, UNIT 208	
CITY-ST-ZIP	SOUTH PASADENA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Delete
NAME	TUTTLE, KATHRYN	
STREET ADDRESS	7984 SAILBOAT KEY S, BLDG 10, UNIT 208	
CITY-ST-ZIP	SOUTH PASADENA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	DEAN, CARNWELL C., JR.	
STREET ADDRESS	1010 18TH ST SW	
CITY-ST-ZIP	LARGO FL 34640	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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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: David A. Dean David A. Dean, Pres. 3/5/01 (423) 881-5446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #**FILED**
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90117 011 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)