

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L45783

1. Entity Name

HIGHLAND LIBRARY SYSTEMS, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90043 015 ***150.00

905886



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2075 N. KEENE ROAD CLEARWATER FL 33755 US	Mailing Address 2075 N KEENE RD. 1350 HEATHER RIDGE BLVD CLEARWATER FL 34681-0127 US
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2. Principal Place of Business 612 Tennessee Ave Suite, Apt. #, etc.	3. Mailing Address P.O. Box 127 Suite, Apt. #, etc.
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City & State Crystal Beach, FL	City & State Crystal Beach, FL	4. FEI Number 59-2992749	Applied For Not Applicable
Zip 34681	Country USA	Zip 34681	Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRASIER, PHILIP T
2075 N. KEENE ROAD
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name: Philip Frasier
Street Address (P.O. Box Number is Not Acceptable): 612 Tennessee Ave
P.O. Box 127
City: Crystal Beach FL Zip Code: 34681

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: *Philip Frasier* Philip Frasier, Pres 1-18-00
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, 2000 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	DP FRASIER, PHILIP T 2075 N. KEENE RD CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 127 612 Tennessee Ave. Crystal Beach, FL 34681 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Philip Frasier* 1-18-00 727-785-0038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #