

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 05, 2001 08:00 AM

Secretary of State

DOCUMENT # L45783

1. Entity Name
HIGHLAND LIBRARY SYSTEMS, INC.

Principal Place of Business
612 TENNESSEE AVE
CRYSTAL BCH FL 34681 US

Mailing Address
PO BOX
CRYSTAL BCH FL 34681 US

2. Principal Place of Business
350 FLORIDA BLVD.

3. Mailing Address
PO BOX 51

Suite, Apt. #, etc.

City & State
CRYSTAL BCH FL

Zip Country
34681 US

4. FEI Number
59-2992749

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRASIER PHILIP T
612 TENNESSEE AVE
CRYSTAL BCH FL 34681 US

7. Name and Address of New Registered Agent

Name
FRASIER PHILIP T

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

City
CRYSTAL BCH 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 _____ 07/05/2001
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

TITLE	DP	<input type="checkbox"/> Delete
NAME	FRASIER PHILIP T	
STREET ADDRESS	612 TENNESSEE AVE PO BOX 127	
CITY-ST-ZIP	CRYSTAL BCH FL 34681	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRASIER PHILIP T		
STREET ADDRESS	350 FLORIDA BLVD., P.O. BOX 51		
CITY-ST-ZIP	CRYSTAL BCH FL 34681		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: Philip Frasier Pres 07/05/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)