

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95855

1. Entity Name

HIGHLANDS RIDGE ASSOCIATES, INC.

Principal Place of Business

% JOHN S. INGLIS  
101 E. KENNEDY BLVD., SUITE 2800  
TAMPA FL 33602  
US

Mailing Address

% JOHN S. INGLIS  
101 E. KENNEDY BLVD., SUITE 2800  
TAMPA FL 33602  
US

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 65-0072028

Applied For

Not Applicable

5. 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

INGLIS, JOHN S.  
SHUMAKER LOOP & KENDRICK  
101 E. KENNEDY BLVD., SUITE 2800  
TAMPA FL 33602

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 PST  
NAME JUVE, JOHN B.  
STREET ADDRESS 2801 CLUBHOUSE BLVD.  
CITY-ST-ZIP AVON PARK FL ☐ Delete

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

TITLE AS  
NAME KOPTIS, WILLIAM H.  
STREET ADDRESS 1150 TOP O' THE HILL  
CITY-ST-ZIP AKRON OH ☐ Delete

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

TITLE D  
NAME JACOBS, RICHARD E.  
STREET ADDRESS 25425 CENTER RIDGE ROAD  
CITY-ST-ZIP CLEVELAND OH 44145 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE EX VP  
NAME CLEARY, MARTIN J.  
STREET ADDRESS 25425 CENTER RIDGE ROAD  
CITY-ST-ZIP CLEVELAND, OHIO 44145 ☐ Change ☒ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS  
NAME PANCOAST, DAVID W.  
STREET ADDRESS 25425 CENTER RIDGE ROAD  
CITY-ST-ZIP CLEVELAND, OHIO 44145 ☐ Change ☒ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

John B. Juve, President

1/06/01

863/471-1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED  
Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90014 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE