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01/21/2002.

440/871-4800

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 11, 2002 8:00 am **Secretary of State** DOCUMENT # M95855 1. Entity Name 02-11-2002 90191 032 ***150.00 HIGHLANDS RIDGE ASSOCIATES, INC. Principal Place of Business Mailing Address 819634 % JOHN'S INGUS % JOHN S. INGLIS 101 E. KENNEDY BLVD., SUITE 2800 101 E. KENNEDY BLVD., SUITE 2800 **TAMPA FL 33602** TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0072028 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INGLIS, JOHN S. Street Address (P.O. Box Number is Not Acceptable) SHUM KER LOOP & KENDRICK 101 E. KENNEDY BLVD., SUITE 2800 Zip Code FL TAMPA FL 33602 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. DATE SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 9. This corporation is eligible to satisfy its intangible After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS (9/01) 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME JUVE, JOHN B. CR2E034 NAME STREET ADDRESS 2801 CLUBHOUSE BLVD. STREET ADDRESS CITY-ST-ZIP AVON PARK FL CITY-ST-ZIP Addition ☐ Change TITLE Delete KOPTIS, WILLIAM H. NAME STREET ADDRESS 1150 TOP O' THE HILL STREET ADDRESS CITY-ST-ZIP AKRON OH CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME Jacobs, Richard E. NAME STREET ADDRESS 25425 CENTER RIDGE ROAD STREET ADDRESS CITY-ST-ZIP **CLEVELAND OH 44145** CITY-ST-ZIP Change ☐ Addition TITI F XX Delete TITLE NAME CLEARY, MARTIN-J NAME STREET ADDRESS 25425 CENTER-RIDGE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTLAKE OH 44145 ☐ Addition TT Change VΡ TITLE Delete TITLE AS NAME PANCOAST, DAVID W STREET ADDRESS 25425 CENTER RIDGE RD STREET ADDRESS CITY-ST-ZIP WESTLAKE OH 44145 CITY-ST-ZIP Change XX Addition TITLE ☐ Delete TITLE SMITH, JUDSON NAME NAME 25425 CENTER RIDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEVELAND, OH 44145 13. Thereby 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 it 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. CITY-ST-ZIP