

2001 UNIFORM BUSINESS REPORT (UBR)

4/26/

FILED
May 18, 2001 8:00 am
Secretary of State

04-26-2001 90252 007 ****61.25

DOCUMENT # N00000003602

1. Entity Name

HIGHLANDS COUNTY HOUSING INITIATIVE, INC.

Principal Place of Business

Mailing Address

501 SO. COMMERCE AVE.,STE.3
SEBRING FL 33870

501 SO. COMMERCE AVE.,STE.3
SEBRING FL 33870

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

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

NUNNALLEE, THOMAS L
325 NORTH COMMERCE AVE.
SEBRING FL 33870

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 500 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *President* ☐ Delete
NAME *Jane Breylinger - D*
STREET ADDRESS *2441 W. Nautilus Rd*
CITY - ST - ZIP *Avon Park, FL 33825*

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

TITLE *Vice President* ☐ Delete
NAME *Peter Pollard - D*
STREET ADDRESS *3683 Commerce Ave*
CITY - ST - ZIP *Sebring, FL 33870*

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

TITLE *Secretary* ☐ Delete
NAME *Justine Devlin - D*
STREET ADDRESS *315 Tulane Cir*
CITY - ST - ZIP *Avon Park, FL 33825*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jane Breylinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/01 863-202-0702

CR2E037 (10/00)