

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000004360**

1. Entity Name

**HIGHLANDS COUNTY SCHOOL BOARD LEASING CORPORATION**

Principal Place of Business

Mailing Address

**426 SCHOOL STREET  
SEBRING FL 33870****426 SCHOOL STREET  
SEBRING FL 33870**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3759805**

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

Name

**Wally Cox**

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

**426 School Street**

City &amp; State

Zip Code

**33870**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

**Wally Cox****01/25/01**

Signature, typed or printed name of registered agent and title 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	PD	<input type="checkbox"/> Delete
NAME	<b>HANCOCK, J. NED</b>	
STREET ADDRESS	<b>426 SCHOOL STREET</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	

TITLE	<b>Chairperson</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wally Randall</b>	
STREET ADDRESS	<b>426 School Street</b>	
CITY-ST-ZIP	<b>Sebring, FL 33870</b>	

TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>RANDALL, WALLY</b>	
STREET ADDRESS	<b>426 SCHOOL STREET</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	

TITLE	<b>Vice-Chairperson</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wendy Renfro</b>	
STREET ADDRESS	<b>426 School Street</b>	
CITY-ST-ZIP	<b>Sebring, FL 33870</b>	

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>FITZGERALD, ROBERT L</b>	
STREET ADDRESS	<b>426 SCHOOL STREET</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HOWERTON, DONNA</b>	
STREET ADDRESS	<b>426 SCHOOL STREET</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>RENFRO, WENDY</b>	
STREET ADDRESS	<b>426 SCHOOL STREET</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	

TITLE	<b>Board Member</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>J. Ned Hancock</b>	
STREET ADDRESS	<b>426 School Street</b>	
CITY-ST-ZIP	<b>Sebring, FL 33870</b>	

TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>FARMER, RICHARD R</b>	
STREET ADDRESS	<b>426 SCHOOL STREET</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	

TITLE	<b>Superintendent</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wally Cox</b>	
STREET ADDRESS	<b>426 School Street</b>	
CITY-ST-ZIP	<b>Sebring, FL 33870</b>	

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:

**Wally Cox**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/01

Date

(863) 471-5555

Daytime Phone #

FILED  
02 MAR 14 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)