

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09467

1. Entity Name

PEACE OF HIGHLANDS COUNTY, INC.

Principal Place of Business

700 SOUTH PINE STREET
SEBRING FL 33872
US

Mailing Address

700 SOUTH PINE STREET
SEBRING FL 33870-3653
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2552711

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

KNECHT, JOHN R
2641 QUEENSWOOD DRIVE
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name Taylor, J. Clagett, Jr.

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

1617 NE LAKEVIEW DRIVE

City

Sebring

FL

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

J. Clagett Taylor, Jr.

J. Clagett Taylor, Jr. 4/12/00

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

TITLE PD
NAME KNECHT, JOHN R
STREET ADDRESS 2641 QUEENSWOOD DR
CITY-ST-ZIP SEBRING FL 33872 ☒ Delete

TITLE VD
NAME TAYLOR, J. CLAGETT, JR.
STREET ADDRESS 1617 NE LAKEVIEW DR.
CITY-ST-ZIP SEBRING FL ☐ Delete

TITLE SD
NAME WEBSTER, ROSA
STREET ADDRESS 4800 CADAGUA AVE
CITY-ST-ZIP SEBRING FL 33872 ☐ Delete

TITLE TD
NAME MARINE, JAMES
STREET ADDRESS 309 LOON AVE
CITY-ST-ZIP SEBRING FL 33872 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD
NAME Taylor, J. Clagett, Jr. ☒ Change ☐ Addition
STREET ADDRESS 1617 NE LAKEVIEW DR.
CITY-ST-ZIP SEBRING FL 33870

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

TITLE VTD
NAME MARINE, James ☒ Change ☐ Addition
STREET ADDRESS 309 LOON AVE
CITY-ST-ZIP SEBRING, FL 33872-3766

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

JAMES MARINE

4/12/00

(863) 471-9657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)