

2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-16-2002 90248 024 ****61.25

DOCUMENT # N17022

1. Entity Name

HIGHLANDS RADIO CONTROL CLUB, INC.

Principal Place of Business

**2308 DOG LEG DRIVE
SEBRING FL 33872
US**

Mailing Address

**2308 DOG LEG DRIVE
SEBRING FL 33872
US**

2. Principal Place of Business

SAKE

3. Mailing Address

2308 Dog Leg Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebring, FL

4. FEI Number

59-2731624

Applied For

Not Applicable

Zip

Country

Zip 33872-1620

Country Highlands

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RHOADES, CLIFFORD R.
227 N. RIDGEWOOD DR.
SEBRING FL 33870**

7. Name and Address of New Registered Agent

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

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 **VPO** ☐ Delete
NAME **LANGWORTHY, DAVID**
STREET ADDRESS **124 CORINE AVE N.W.**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **P** ☐ Delete
NAME **WELBORN, JIM**
STREET ADDRESS **4515 BUNKER DR**
CITY-ST-ZIP **SEBRING FL**

TITLE **SD** ☒ Delete
NAME **JONES, DONALD**
STREET ADDRESS **2834 MAINSAIL DR**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **TD** ☐ Delete
NAME **GROEZINGER, F.H.**
STREET ADDRESS **2308 DOG LEG DRIVE**
CITY-ST-ZIP **SEBRING FL 33872**

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

TITLE **SD** ☒ Change ☐ Addition
NAME **Messer, James**
STREET ADDRESS **4344 Duffer Lop**
CITY-ST-ZIP **Sebring, FL 33872**

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

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:

F.H. GROEZINGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 5, 2002 (863)471-0145

Date

Daytime Phone #

CR2E037 (9/01)