

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40143

1. Entity Name

HIGH DESTINY, INC.

Principal Place of Business

P O BOX 3060
OKEECHOBEE FL 34974-0060

Mailing Address

P O BOX 3060
OKEECHOBEE FL 34974-0060

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

59-3057927

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

ERICKSON, DALE E
13646 US 441 N
CANAL POINT FL 33438

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BECK, EARL	
STREET ADDRESS	1423 17TH ST E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAINES, LINDA	
STREET ADDRESS	24011 JENNINGS RD	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ANDERSON, RANDY	
STREET ADDRESS	5318 WARREN ST.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ERICKSON, LYNN	
STREET ADDRESS	656 W. CADILLAC DR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, WENDY	
STREET ADDRESS	3620 4TH AVE. SE	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PERLEE, FRED	
STREET ADDRESS	2004 S PALM BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 recipient of the report 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 attached sheet with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90032 027 ****61.25



DO NOT WRITE IN THIS SPACE