

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

HIGHLAND PARK APARTMENT CLUB, INC.  
DOCUMENT NUMBER: N43751

FILED

00 MAR 23 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
100003204061-9  
-04/11/00--01105--013  
\*\*\*\*70.00 \*\*\*\*70.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

1703 S. HIGHLAND PARK DR.  
Suite, Apt. #, etc.  
LAKE WALES, FL.  
City & State

3. Mailing Address

Suite, Apt. #, etc.  
SAME  
City & State

DO NOT WRITE IN THIS SPACE

Zip  
33853

Country  
POLK

Zip

Country  
POLK

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

Name: JAMES S. DEVLIN, PRESIDENT  
Street Address (P.O. Box Number is Not Acceptable): 1703 S. HIGHLAND PARK DR.  
City: LAKE WALES FL Zip Code: 33853

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

JAMES S. DEVLIN

James S. Devlin

3/11/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES S. DEVLIN, PRES. & DIRECTOR 1703 S. HIGHLAND PARK DR. LAKE WALES, FL. 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORMA DEMPSEY, V. PRES. & DIRECTOR 1707 S. HIGHLAND PARK DR. LAKE WALES, FL. 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JON FISH, TRES. & DIRECTOR 1715 S. HIGHLAND PARK DR. LAKE WALES, FL. 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUDITH DEVLIN, SECY. & DIRECTOR 1703 S. HIGHLAND PARK DR. LAKE WALES, FL. 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEORGE FERRICK, DIRECTOR 1705 S. HIGHLAND PARK DR. LAKE WALES, FL. 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RANDY HENRY, DIRECTOR 1711 S. HIGHLAND PARK DR. LAKE WALES, FL. 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

NOTE: THIS IS A COMPLETE UPDATED LIST OF OFFICERS & DIRECTORS

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 S. DEVLIN

Date

Daytime Phone #

(941) 676-7182

CR2E037 (9/99)