

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90695 001 ****61.25

DOCUMENT # N43865

1. Entity Name

**THE CONVENTION AND VISITOR BUREAU OF HIGHLANDS C
OUNTY, INC.**



Principal Place of Business

**309 SOUTH CIR
SEBRING FL 33870**

Mailing Address

**P.O. BOX 2001
SEBRING FL 33871-2001**

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 **59-3094652**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FISH, ALLON R
309 SOUTH CIRCLE
SEBRING FL 33870**

7. Name and Address of New Registered Agent

Name **JOHN K. McCLURE**

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

230 S. COMMERCE AVE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John K. McClure

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/13/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **NELL, FREWIN HAYS**
STREET ADDRESS **505 LAKE BLUE DRIVE**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **TD** ☐ Delete
NAME **GREENSLADE, DAVID**
STREET ADDRESS **28 EAST MAIN STREET**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **SD** ☐ Delete
NAME **FISH, ALLON**
STREET ADDRESS **309 SOUTH CIRCLE**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **D** ☒ Delete
NAME **PHYPPERS, CAROLYN**
STREET ADDRESS **705 CR 621 EAST**
CITY-ST-ZIP **LAKE PLACID FL 33852**

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 **SD** ☐ Change ☒ Addition
NAME **JANET KECK**
STREET ADDRESS **413 NE LAKEVIEW DRIVE**
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **DV** ☐ Change ☒ Addition
NAME **EILEEN MAY**
STREET ADDRESS **18 N. OAK STREET**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **DM** ☒ Change ☐ Addition
NAME **FISH, ALLON**
STREET ADDRESS **309 SOUTH CIRCLE**
CITY-ST-ZIP **SEBRING, FL 33870**

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:

John K. McClure **President/Director** **3/13/03** **(863) 465-9331**

CR2E037 (10/02)