

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44686

1. Entity Name

HEARTLAND ENVIRONMENTAL COUNCIL, INC.

Principal Place of Business

Mailing Address

PO BOX 491  
LAKE PLACID FL 33873  
US

PO BOX 491  
LAKE PLACID FL 33862-0491  
US

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

59-3067131

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

KOWALSKI, HENRY  
242 SERENADE DR.  
LAKE PLACID FL 33852

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 ☐ Delete  
NAME T  
STREET ADDRESS RASMUSSEN, ALICE  
CITY-ST-ZIP 347 ADAMS AVE  
LAKE PLACID FL 33852

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

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS ABER, RICHARD  
CITY-ST-ZIP 5532 N HUCKLEBERRY LK DR  
SEBRING FL 33872

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

TITLE ☐ Delete  
NAME TS  
STREET ADDRESS WHITESIDES, VAUGHN  
CITY-ST-ZIP 514 COTTONWOOD DR  
SEBRING FL 33872

TITLE ☒ Change ☐ Addition  
NAME CORRECT SPELLING! VAUGHAN  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KOWALSKI, HANK  
CITY-ST-ZIP 242 SERENADE DR  
LAKE PLACID FL 33852

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS OBENCHAIN, HELEN  
CITY-ST-ZIP 1504 BALSAM ST.  
LAKE PLACID FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MOUNSEY, WILLIAM  
CITY-ST-ZIP R.R. 1, BOX 128  
ZOLFO SPRINGS FL 33890

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: *HELEN OBENCHAIN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 (863) 465-2468  
Date Daytime Phone #

CR2E037 (9/99)