

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47794

1. Entity Name

HIGHLAND LAKES GOLF COMMUNITY PROPERTY OWNERS AS

Principal Place of Business

18200 U.S. HWY 19 N
CLEARWATER FL 34624

Mailing Address

18200 U.S. HWY 19 N
CLEARWATER FL 33764-6513

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0872918

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REPETTO, ALLISON W.
18200 U.S. HWY 19 N
CLEARWATER FL 34624

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 PD
NAME REPETTO, ALLISON W.
STREET ADDRESS 18200 US HWY 19 N
CITY-ST-ZIP CLEARWATER FL

☐ Delete

TITLE V
NAME MILLER, RICHARD C., II
STREET ADDRESS 12498 94 AVE N
CITY-ST-ZIP SEMINOLE FL

☐ Delete

TITLE TD
NAME MILLER, SANDRA
STREET ADDRESS 12498 94 AVE N
CITY-ST-ZIP SEMINOLE FL

☐ Delete

TITLE SD
NAME REPETTO, CINDY
STREET ADDRESS 5782 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90264 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

PH 727-536-3588