

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000004186**

1. Entity Name

**HIGHLANDS STAY WELL CLINIC INC.**

Principal Place of Business

**7205 SOUTH GEORG BLVD  
SEBRING FL 33872**

Mailing Address

**7205 SOUTH GEORG BLVD  
SEBRING FL 33872**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0558202**

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

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

City

**FL**

Zip Code

**MATHENY, MARY JANE D  
906 SE LAKEVIEW  
SUITE 3  
SEBRING FL 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.

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **GELDART, DONALD B**  
CITY-ST-ZIP **P O BOX 1468  
AVON PARK FL 33825-1468**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KUHN, SANDY**  
CITY-ST-ZIP **700 PLANTATION DRIVE  
SEBRING FL 33870**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MAXCY, GUY**  
CITY-ST-ZIP **P.O. BOX 1926 N/A  
SEBRING FL 33870**TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **UPADHYAYA, D.M. M**  
CITY-ST-ZIP **6801 US 27 N  
AVON PARK FL**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MATHENY, MARY JANE**  
CITY-ST-ZIP **906 SOUTHEAST ROAD  
SEBRING FL 33872**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90106 003 \*\*\*\*61.25

**B0007148**

DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)