

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90005 049 ****70.00

0087347

DOCUMENT # N95000000609

1. Entity Name

HEARTLAND SAFETY CLOWNS INC.

Principal Place of Business

2227 SPARROW AVE.
 SEBRING FL 33822

Mailing Address

2227 SPARROW AVE.
 SEBRING FL 33822

2. Principal Place of Business

4801 Granada AVE
 Suite, Apt. #, etc.

3. Mailing Address

4801 Granada AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SEBring Fla
 Zip 33870 Country U.S.A.

City & State

SEBring FL
 Zip 33870 Country U.S.A.

4. FEI Number

65-0554039

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, THOMAS A
 2227 SPARROW AVE.
 SEBRING FL 33822

7. Name and Address of New Registered Agent

Name Sheri Villone

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

4801 Granada 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.

SIGNATURE

Sheri R. Villone

P

1/2/2001

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 P
 NAME VILLONE, SHERI
 STREET ADDRESS 4801 GRANADA AVE
 CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE T
 NAME VILLONE, JEFFREY D
 STREET ADDRESS 4801 GRANADA AVE
 CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE V
 NAME ADAMS, GARY J
 STREET ADDRESS 4819 6TH ST
 CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE T
 NAME HIGGINS, THOMAS
 STREET ADDRESS 2227 SPARROW AVE
 CITY-ST-ZIP SEBRING FL 33872 ☐ Delete

TITLE T
 NAME HIGGINS, BARBARA M
 STREET ADDRESS 2227 SPARROW AVE
 CITY-ST-ZIP SEBRING FL 33872 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 ☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS 4617 FERDINAND AVE
 CITY-ST-ZIP SEBRING, FL 33870 ☒ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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

1/2/2001

Date

Daytime Phone #

CR2E037 (10/00)