

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # N95000001762

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

01-26-2000 90049 035 ****61.25

1. Entity Name

KEEP HIGHLANDS COUNTY BEAUTIFUL, INC.

Principal Place of Business

Mailing Address

6000 SKIPPER ROAD
 SUITE 400A
 SEBRING FL 33870
 US

6000 SKIPPER ROAD
 SEBRING FL 33870-5951
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6000 SKIPPER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING FLORIDA

City & State

4. FEI Number

65-0580849

Applied For
 Not Applicable

Zip

33870

Country

HIGHLANDS

Zip

Country

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

EISENHART, MIKE
6000 SKIPPER ROAD
SEBRING FL 33870

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 **PD** Delete
 NAME **DEER, THOMAS**
 STREET ADDRESS **313 CLOVERLEAF RD** **D**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **HARRIS, BERT**
 STREET ADDRESS **212 INTERLAKE BLVD.** **D**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **APPLEQUIST, DON**
 STREET ADDRESS **23 E. MAIN ST** **D**
 CITY-ST-ZIP **AVON PARK FL 33825**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **GENTY, DORIS**
 STREET ADDRESS **600 W COLLEGE DR** **D**
 CITY-ST-ZIP **AVON PARK FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000 8646556477
 Date Daytime Phone #