

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90025 016 ****61.25

0067528

DOCUMENT # N95000001762

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0580849

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

TITLE: PD
 NAME: JENNIFER PERRY Change Addition
 STREET ADDRESS: 4722 KENILWORTH BLVD
 CITY-ST-ZIP: SEBRING FL 33870

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

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

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

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

TITLE: S
 NAME: GENTIY, DORIS Delete
 STREET ADDRESS: 600 W COLLEGE DR
 CITY-ST-ZIP: AVON PARK FL

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 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:

JENNIFER PERRY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386
 863 6104

CR2E037 (10/00)