

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000001762**

1. Entity Name

KEEP HIGHLANDS COUNTY BEAUTIFUL, INC.**FILED**
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90019 010 ****61.25

Principal Place of Business

Mailing Address

6000 SKIPPER ROAD
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

Zip

Country

Zip

Country

4. FEI Number

65-0580849

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

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 \$61.259. 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
	PD			
	PERRY, JENNIFER	4722 KENILWORTH BLVD	SEBRING FL 33870	
	VPD			
	HARRIS, BERT	212 INTERLAKE BLVD.	LAKE PLACID FL 33852	<input type="checkbox"/> Delete
	T			
	APPLEQUIST, DON	23 E. MAIN ST	AVON PARK FL 33825	<input type="checkbox"/> Delete
	S			
	GENTIY, DORIS	600 W COLLEGE DR	AVON PARK FL	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD				
	LOUISE SAULS	2520 NE LAKEVIEW DR	SEBRING FL 33870		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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: *LOUISE SAULS* **LOUISE SAULS** *LOUISE C. SAULS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)