

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002010

1. Entity Name

HIGHSTEPPERS, INC.

Principal Place of Business

Mailing Address

1295 BEVERLY ST  
FT WALTON BEACH FL 32547  
US

1295 BEVERLY ST  
FT WALTON BEACH FL 32547-1434  
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

59-3316864

Applied For

☒ Not Applicable

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

MARGARET VICKER  
936 POCAHONTAS DR  
FT WALTON BEACH FL 32547

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 ☐ Delete

NAME VPD  
STREET ADDRESS KLINE, PAT  
CITY-ST-ZIP 219 FLIVA AVE  
FT WALTON BEACH FL

TITLE ☐ Delete

NAME D  
STREET ADDRESS REBECCA BLACKMON  
CITY-ST-ZIP 413 SHERRY CIRCLE  
FT. WALTON BEACH FL

TITLE ☐ Delete

NAME PD  
STREET ADDRESS JAMES PETTY  
CITY-ST-ZIP 397 CANTERBURY CIR  
FT. WALTON BEACH FL

TITLE ☐ Delete

NAME S  
STREET ADDRESS VICKER, MARGARET  
CITY-ST-ZIP 936 POCAHONTAS DR  
FT. WALTON BEACH FL

TITLE ☐ Delete

NAME T  
STREET ADDRESS MONTGOMERY, BARBARA  
CITY-ST-ZIP 1837 HEARTLAND DRIVE  
FT WALTON BCH FL 32547

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

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TITLE ☐ Change ☐ Delete

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James Petty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2000

(850) 862-0102

Date

Daytime Phone #