

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 96000000240

1. Entity Name **HIGHLANDAIRES, BIG BAND, INC.**

**FILED**

00 FEB -9 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**308 OAK KNOLLS CIRCLE**  
**SEBRING, FL. 33870** **SAME**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
**SEBRING, FL. 33870**

4. FEI Number Applied For  
**65-0625063** Not Applicable

Zip Country Zip Country  
**HIGHLANDS**

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

**JAMES F. MCCOLLUM**  
**129 S. COMMERCE AVE**  
**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 N/A  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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 **PRES.** ☐ Delete  
NAME **D. RALPH SYLVESTER**  
STREET ADDRESS **308 OAK KNOLLS CIRCLE**  
CITY-ST-ZIP **SEBRING, FL 33870**

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

TITLE **V.PRES.** ☒ Delete  
NAME **STUART DUBBS**  
STREET ADDRESS **1780 N. SYOSSET**  
CITY-ST-ZIP **AVON PARK, FL. 33825**

TITLE ☒ Change ☐ Addition  
NAME **CHARLES WHITE**  
STREET ADDRESS **4005 SEBRING AVE. (ADD)**  
CITY-ST-ZIP **SEBRING, FL. 33872**

TITLE **SECT. TREAS.** ☐ Delete  
NAME **D. WILLIAM WOLCOTT**  
STREET ADDRESS **308 OAK KNOLLS CIRCLE**  
CITY-ST-ZIP **SEBRING, FL. 33870**

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

TITLE **DIRECTOR** ☐ Delete  
NAME **DAVID NAYLOR**  
STREET ADDRESS **2800 BRIETWOOD CT**  
CITY-ST-ZIP **AVON PARK, FL. 33825**

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

TITLE **DIRECTOR** ☐ Delete  
NAME **HARVEY GARDNER**  
STREET ADDRESS **3829 GOLFVIEW RD.**  
CITY-ST-ZIP **SEBRING, FL. 33872**

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: William E. Wolcott  
Signature and typed or printed name of signing officer or director

2/5/2000

941-655-4119

CR2E037 (9/99)