

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90044 008 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N96000000240**

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

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

**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** **65-0625063**      **Applied For**  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**MCCOLLUM, JAMES F**  
**129 S COMMERCE AVENUE**  
**SEBRING FL 33870**

**7. Name and Address of New Registered Agent**  
 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** ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SYLVESTER, RALPH</b> <b>308 OAK KNOLLS CIRCLE</b> <b>SEBRING FL 33870</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITE, CHARLES</b> <b>4003 SEBRING AVENUE</b> <b>SEBRING FL 33872</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>WOLCOTT, WILLIAM</b> <b>308 OAK KNOLLS CIR.</b> <b>SEBRING FL 33870</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NAYLOR, DAVID</b> <b>2800 S DRIFTWOOD CT</b> <b>AVON PARK FL 33825</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARDNER, HARVEY</b> <b>3829 GOLFVIEW RD.</b> <b>SEBRING FL 33872</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** *William E. Wolcott*      **WILLIAM E. WOLCOTT SECRETARY-TREASURER**      *1/3/2001*      *863-655-4119*

