

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90110 030 ***61.25

DOCUMENT # N96000000240

1. Entity Name
HIGHLANDAIRES BIG BAND, INC.



Principal Place of Business

**308 OAK KNOLLS CIRCLE
SEBRING FL 33870**

Mailing Address

**308 OAK KNOLLS CIRCLE
SEBRING FL 33870**

20002165



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0625063**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MCCOLLUM, JAMES F
129 S COMMERCE AVENUE
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES WHITE	
STREET ADDRESS	2608 Summit Drive	
CITY-ST-ZIP	Sebring, Fl. 33870	
TITLE	V.P.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Stadelin	
STREET ADDRESS	2105 SE 8th Ave.	
CITY-ST-ZIP	Okeechobee, F.L. 34974	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	No Change	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	No Change	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH SYLVESTER	
STREET ADDRESS	207 N.E. Lakeview Dr.	
CITY-ST-ZIP	Apt. 300 Sebring, Fl. 33870	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

1/6/03 863-655-4119

CR2E037 (10/02)