

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000005548**

1. Entity Name

HIGHLANDS ~~THE~~ CIVIC ASSOCIATION.
10

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90022 023 ****61.25

Principal Place of Business

Mailing Address

SHADY HILL Community Center.

80089149

2. Principal Place of Business

3. Mailing Address

SHADY HILL Community Center

18541 Monteverde Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15840 GREENGLADE LANE

DO NOT WRITE IN THIS SPACE

City & State

City & State

SPRING HILL, FL

SPRING HILL, FL

4. FEI Number

59-3147001
N96000005548

Applied For

Not Applicable

Zip

Country

Zip

Country

34610

PASCO

34610

PASCO

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

KATHY Bomhoff
18541 Monteverde DR.
SPRINGHILL, FL. 34610

Name
SAMIE

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 **KATHY Bomhoff "TREASURER"** **Kathy Bomhoff** **4-10-2000**
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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: **Kathy Bomhoff** **KATHY Bomhoff** **4/10/2000** **727-857-1174**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)