

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90113 018 ****61.25

DOCUMENT # N98000002336

1. Entity Name
HIGHLANDS AIRBOAT ASSOCIATION, INC.

Principal Place of Business 404 ADAMS AVENUE LAKE PLACID FL 33852	Mailing Address P.O. BOX 3156 LAKE PLACID FL 33862-3156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BONETT, JOSEPH 404 ADAMS AVENUE LAKE PLACID FL 33852				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 _____ (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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONETT, JOSEPH	NAME	
STREET ADDRESS	404 ADAMS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENE, PAT	NAME	
STREET ADDRESS	2 GEORGE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, OPAL V.	NAME	CAMPBELL OPAL
STREET ADDRESS	1615 BRADLEY ST	STREET ADDRESS	275 CATFISH CREEK RD
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	LAKE PLACID FL. 33852
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYER, DAVE	NAME	CAMPBELL WILLARD
STREET ADDRESS	1615 BRADLEY ST	STREET ADDRESS	275 CATFISH CREEK RD.
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	LAKE PLACID FL. 33852
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUBERBIER, GLEN D	NAME	
STREET ADDRESS	16 LIANE RD	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, TED	NAME	
STREET ADDRESS	509 LAKESIDE DR.	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	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: JOSEPH BONETT 2-19-00 863-465-6653
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)