

2000 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

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	P	<input type="checkbox"/> Delete
NAME	BONETT, JOSEPH	
STREET ADDRESS	404 ADAMS AVENUE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEENE, PAT	
STREET ADDRESS	2 GEORGE AVENUE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, OPAL V	
STREET ADDRESS	1615 BRADLEY ST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOYER, DAVE	
STREET ADDRESS	1615 BRADLEY ST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZUBERBIER, GLEN D	
STREET ADDRESS	16 LIANE RD	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAY, TED	
STREET ADDRESS	509 LAKESIDE DR.	
CITY-ST-ZIP	LAKE PLACID FL 33852	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Joseph Bonett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-00

Date

863-465-6653

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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

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

CR2E037 (9/99)