

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000002336**

1. Entity Name

HIGHLANDS AIRBOAT ASSOCIATION, INC.**FILED****Jan 11, 2001 8:00 am
Secretary of State**

01-11-2001 90037 014 ****61.25

Principal Place of Business

Mailing Address

**404 ADAMS AVENUE
LAKE PLACID FL 33852****P.O. BOX 3156
LAKE PLACID FL 33852**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33852-31565. 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

**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** ☐ Delete
NAME **BONETT, JOSEPH**
STREET ADDRESS **404 ADAMS AVENUE**
CITY-ST-ZIP **LAKE PLACID FL 33852**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **KEENE, PAT**
STREET ADDRESS **2 GEORGE AVENUE**
CITY-ST-ZIP **LAKE PLACID FL 33852**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ST** ☐ Delete
NAME **CAMPBELL, OPAL V**
STREET ADDRESS **275 CATFISH CREEK RD**
CITY-ST-ZIP **LAKE PLACID FL 33852**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CAMPBELL, WILLARD**
STREET ADDRESS **275 CATFISH CREEK RD**
CITY-ST-ZIP **LAKE PLACID FL 33852**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ZUBERBIER, GLEN D**
STREET ADDRESS **16 LIANE RD**
CITY-ST-ZIP **LAKE PLACID FL 33852**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CLAY, TED**
STREET ADDRESS **509 LAKESIDE DR.**
CITY-ST-ZIP **LAKE PLACID FL 33852**TITLE ☐ Change ☐ 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 REQUIRED**1-4-01****863
465-6653**

Date

Daytime Phone #

0067104

CR2E037 (10/00)