

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90322 044 ****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 33852-3156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BONETT, JOSEPH
404 ADAMS AVENUE
LAKE PLACID FL 33852
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KEENE, PAT
2 GEORGE AVENUE
LAKE PLACID FL 33852
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ZUBERBIER, GLEN D
16 LIANE RD.
LAKE PLACID FL 33852
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
CAMPBELL, OPAL V
275 CATFISH CREEK RD
LAKE PLACID FL 33852
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMPBELL, WILLARD
275 CATFISH CREEK RD
LAKE PLACID FL 33852
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZUBERBIER, GLEN D
16 LIANE RD
LAKE PLACID FL 33852
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOYER, DAVE
1615 BRADLEY ST.
LAKE PLACID FL 33852
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLAY, TED
509 LAKESIDE DR.
LAKE PLACID FL 33852
☐ Delete

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:

Opal V Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-02 863-465-1956

Date

Daytime Phone #

CR2E037 (9/01)