2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9800002336

1. Entity Name

HIGHLANDS AIRBOAT ASSOCIATION, INC.

Principal Plac	ce of Business	Mailing Address										
404 ADAMS AVENUE LAKE PLACID FL 33852		P.O. BOX 3156 LAKE PLACID FL 33852-3156										
									 		1 919 (31 98 (1)	
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State		City & State				4. FEI Number NOT APPLICABLE Applied For Not Applicable						
Zip Country		Zip	Zip Cour		5. Certificate of Status Desire			Desired	_ \$9.75 Additional			
	6. Name and Address of Curre	nt Registered Agent				7. Name and A	Addrag	of Mov	Pogletore			
	o. Hame and Address of Curre	it negistered Agent		Name		7. Name and 7	Addres	or New	negistere	o Age	erit	
BONETT,	JOSEPH		Street Address			(P.O. Box Number is Not Acceptable)						
	AS AVENUE CID FL 33852											
DAKETON	OID 1 E 33032			City					F	:L	Zip Code	
9 The above	a named antity submits this statement	for the purpose of abonais	an ita raniatara	d office o		d agant or bath	in the	atata el C				
o. The above	e named entity submits this statement	for the purpose of changing	ig its registere	ea onice o	r registered	agent, or both	i, in the	state of F	iorida.			
SIGNATURE												·
	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered	Agent signat	ture required w	nen reinstating)			DAT	E		
E.		9. Flection	n Campaign Fi	nancina	4	E 00		M	ake Cho	ack D	avahla	. I
•	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						
		Trust F	und Contribution	on.	- □	dded to Fees			Departn	nent	of State	
E.		Trust Fi	und Contribution	on.	∐ A	dded to Fees			Departn	nent	of State	
	OFFICERS AND D		und Contributio	on.		dded to Fees	NGES 1					
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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: