

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N99000002558**

1. Entity Name

HIGHLANDS SPORTS, INC.



**FILED
May 05, 2003 8:00 am
Secretary of State**

05-05-2003 91831 002 ****61.25

Principal Place of Business

**140 SOUTH COMMERCE AVENUE
SEBRING FL 33870**

Mailing Address

**140 SOUTH COMMERCE AVENUE
SEBRING FL 33870**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3700350**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, JOHN W
140 SOUTH COMMERCE AVENUE
SEBRING FL 33870**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

**D
DAVIS, JOHN W
105 SAVILLA LANE
LAKE PLACID FL 33852**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

117 Watersedge LN

**D
DAVIS, STEPHEN H
109 MCCOY DRIVE
LAKE PLACID FL 33852**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

**D
MILLER, RICK
3520 MILLER AVE
LAKE PLACID FL 33852**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *John W. Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/03

Daytime Phone #

CR2037 (10/02)