

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90481 013 ***150.00

DOCUMENT # P00000014811

1. Entity Name

5 STAR REALTY OF HIGHLANDS, INC.

Principal Place of Business

**4325 SUN 'N LAKES BLVD. SUITE 101
SEBRING FL 33870**

Mailing Address

**4325 SUN 'N LAKES BLVD. SUITE 101
SEBRING FL 33870**

2. Principal Place of Business

6225 US 27 N

3. Mailing Address

6225 US 27 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebring, FL

City & State

Sebring, FL

4. FEI Number

65-1000826

Applied For

Not Applicable

Zip

33870

Country

Highlands

Zip

33870

Country

Highlands5. 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

SAGER, ELIZABETH R**4325 SUN 'N LAKES BLVD, SUITE 101
SEBRING FL 33870**

Name

Street Address (P.O. Box Number is Not Acceptable)

6225 US 27 N

City

Sebring, FL**FL**

Zip Code

33870

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P VP S T	<input type="checkbox"/> Delete
NAME	Elizabeth R. Sager	
STREET ADDRESS	6225 US 27 N	
CITY-ST-ZIP	Sebring, FL. 33870	

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth R. Sager*

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-402-2244

CR2E034 (10/00)