

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90054 020 \*\*\*150.00

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**DOCUMENT # P00000064443**

1. Entity Name  
**HIGHLANDS GREENHOUSES, INC.**



Principal Place of Business  
**5700 SIMMS ROAD  
DELRAY BEACH FL 33484**

Mailing Address  
**5700 SIMMS ROAD  
DELRAY BEACH FL 33484**

2. Principal Place of Business  
**955 Old State Road 8**

3. Mailing Address  
**955 Old State Road 8**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Venus, FL**

City & State

**Venus, FL**

4. FEI Number

**65-1028784**

Applied For

Not Applicable

Zip

**33960**

Country

**USA**

Zip

**33960**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHMIDT, PETER H  
400 SOUTH DIXIE HIGHWAY  
SUITE 420  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name  
**Bert J. Harris, III**  
Street Address (P.O. Box Number is Not Acceptable)  
**401 Dal Hall Boulevard**

City  
**Lake Placid** **FL** Zip Code  
**33852**

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 *Bert J. Harris, III*  
Signature, typed or printed name of registered agent and title if applicable.

**Bert J. Harris, III**

**4-10-03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**KOORNNEEF, EDWARD W**  
**130 DEANNA DRIVE**  
**LAKE PLACID FL 33852** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**GILDE, MARIAN**  
**433 LAKE MIRROR DR.**  
**LAKE PLACID FL 33852** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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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 607, 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: *EDWARD W KOORNNEEF*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**4-9-03 863-441-0022**  
Date Daytime Phone #

CR2E034 (10/02)