

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State
 02-11-2000 90027 045 ***150.00

DOCUMENT # P95000031736

1. Entity Name

HIGHLAND OAKS R.V. RESORT, INC.

Principal Place of Business

Mailing Address

**7000 7TH AVE WEST
 SEBRING FL 33870
 US**

**7001 7TH AVE., WEST
 SEBRING FL 33870-5874**

80018056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7001 7th Ave West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebring FL

City & State

Zip

Country

Zip

Country

33870

4. FEI Number

65-0582548

Applied For

Not Applied

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

**EKBERG, DAVID A
 7001 7TH AVE., WEST
 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.

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, 2000 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

TITLE ☐ Delete
 NAME **D EKBERG, DAVID A**
 STREET ADDRESS **7001 7TH AVE., WEST**
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ Delete
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐

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

TITLE ☐ Change ☐
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David A. Ekberg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-00
 Date

(863) 655-1685
 Daytime Phone #