

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007785

1. Entity Name

HIGHSMITH LANDING DEVELOPMENT CORP.

Principal Place of Business

2502 HIGHSMITH LANDING LN
JACKSONVILLE FL 32226
US

Mailing Address

2502 HIGHSMITH LANDING LN
JACKSONVILLE FL 32226
US

2. Principal Place of Business

231 S. Riverside

3. Mailing Address

231 South Riverside

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BATAVIA OHIO

City & State

BATAVIA OHIO

Zip

45103

Country

Clermont

Zip

45103

Country

Clermont

4. FEI Number

59-3362133

Applied For

Not Applicable

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

SHIELDS, RAYMOND T
2502 HIGHSMITH LANDING LANE
JACKSONVILLE FL 32226

Name

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

8700 Southside Blvd.
1401

City

JACKSONVILLE

FL

Zip Code

32256

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 Raymond T Shields

Signature, typed or printed name of registered agent and title if applicable.

Ray T Shields

(NOTE: Registered Agent signature required when reinstating)

4-20-2001

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

TITLE PD ☐ Delete
NAME SHIELDS, RAYMOND T
STREET ADDRESS 2502 HIGHSMITH LANDING LN
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE VPSD ☐ Delete
NAME SHIELDS, PAULINE
STREET ADDRESS 2502 HIGHSMITH LANDING LN
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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: Ray T Shields

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2001

Date

Daytime Phone #

B0044936



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)