

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014231

1. Entity Name

HIGH MARK REALTY, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 91060 001 *1,650.00

Principal Place of Business

Mailing Address

10575 OLD DIXIE HIGHWAY
 ST. AUGUSTINE FL 32095

10575 OLD DIXIE HIGHWAY
 ST. AUGUSTINE FL 33801-5252

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

S. Florida Avenue, Suite 240
 Lakeland, FL 33801

500 S. Florida Avenue, Suite 240
 Lakeland, FL 33801

Zip

Country

Zip

Country

4. FEI Number

59-3373552

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

SMITH HULSEY & BUSEY
 225 WATER STREET
 SUITE 1800
 JACKSONVILLE FL 32202

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME KALB, CHARLES H.
 STREET ADDRESS RT. 7 BOX 541 B.
 CITY-ST-ZIP LAKE CITY FL ☐ Delete

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

TITLE VPST
 NAME HART, JOHN BRIGHAM
 STREET ADDRESS 10575 OLD DIXIE HWY.
 CITY-ST-ZIP ST. AUGUSTINE FL ☐ Delete

TITLE
 NAME 500 S. Florida Avenue, Suite 240 ☒ Change ☐ Addition
 STREET ADDRESS Lakeland, FL 33801
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE Y.P.
 NAME MARK R. WELLS ☐ Change ☒ Addition
 STREET ADDRESS 500 S. Florida Avenue, Suite 240
 CITY-ST-ZIP Lakeland, FL 33801

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)