## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000064274

HIGHLAND PARK FISH CAMP, INC.

Principal Place of Business

Mailing Address

2640 WEST HIGHLAND PARK ROAD DELAND FL 32720

2640 WEST HIGHLAND PARK ROAD

DELAND FL 32720

**FILED** Mar 19, 2001 8:00 am Secretary of State 03-19-2001 90025 003 \*\*\*150.00

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2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Sulte, Apt. #, etc.  City & State		Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE			
		City & State			4. FEI Number 59-3412505			Applied For Not Applicable
	Country	Zip	Country	5. (	Certificate of Status Desired		\$8.75 Add	ditional
6. Name and Address of Current Registered Agent				7. N	Name and Address of New Re			
TEAL, MICHAEL S 114 WEST RICH AVENUE DELAND FL 32720				Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code	e
Signature, typed	or printed name of registered age	nt and title if applicable.	(NOTE: Registered Agent signature requ		sinstating)	DATE		
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		Trust Fund Contribution.  Added to Fees			
·	OFFICERS AN	D DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	3 IN 11
2640 WES	ST HIGHLAND PARK F	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
D RAWLINS, 2640 WES	RONALD L T HIGHLAND PARK F	□ Delete	TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP				☐ Change	Addition
		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Change	Addition
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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
		☐ Delete	TITLE NAME STREET ADDRESS				Change	Addition
1	6. Name 6. Name 6. Name MICHAEL WEST RICH AND FL 327  a named entity signature, typed oration is elig requirement tria on back)  D RAWLINS, 2640 WES DELAND F D RAWLINS, 2640 WES	Country  6. Name and Address of Currer  MICHAEL S WEST RICH AVENUE AND FL 32720  e named entity submits this statement  Signature, typed or printed name of registered age oration is eligible to satisfy its Intangib requirement and elects to do so.  OFFICERS AN  D RAWLINS, RICHARD E 2640 WEST HIGHLAND PARK F DELAND FL 32720  D RAWLINS, RONALD L	te City & State  Country Zip  6. Name and Address of Current Registered Agent  MICHAEL S WEST RICH AVENUE AND FL 32720  e named entity submits this statement for the purpose of changin  Signature, typed or printed name of registered agent and talls if applicable  oration is eligible to satisfy its Intangible requirement and elects to do so.  OFFICERS AND DIRECTORS  D RAWLINS, RICHARD E 2640 WEST HIGHLAND PARK ROAD DELAND FL 32720  D Delete  RAWLINS, RONALD L 2640 WEST HIGHLAND PARK ROAD DELAND FL 32720  Delete  Delete  Delete	te City & State  Country  Zip Country  6. Name and Address of Current Registered Agent  MilCHAEL S  WEST RICH AVENUE AND FL 32720  City  Signature, types or printed nems of registered agent and tate if applicable  Coration is eligible to satisfy its Intangible requirement and elects to do so.  In an aback)  OFFICERS AND DIRECTORS  DRAWLINS, RICHARD E 2640 WEST HIGHLAND PARK ROAD DELAND FL 32720  DRAWLINS, RONALD L 2640 WEST HIGHLAND PARK ROAD DELAND FL 32720  DRAWLINS, RONALD L 2640 WEST HIGHLAND PARK ROAD DELAND FL 32720  D Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME	te City & State 4. 1  Country Zip Country 5. 6  6. Name and Address of Current Registered Agent Name  MICHAEL S  WEST RICH AVENUE AND FL 32720  City  a named entity submits this statement for the purpose of changing its registered office or registered agent and talls // applicable  Signature, typed or printed name of registered agent and talls // applicable  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  OFFICERS AND DIRECTORS  D  RAWLINS, RICHARD E 2840 WEST HIGHLAND PARK ROAD  DELAND FL 32720  D  D Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  D DRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME	te City & State  City & State  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  characteristic and state of Flori  Signature, spector printed name of registered agent, or both, in the State of Flori  Coration is eligible to satisfy its Intangible requirement and elects to do so.  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  OFFICERS AND DIRECTORS  CITY ST. 2P  Delate  TITLE  NAME  SIRECT ADDRESS  CITY ST. 2P  Delate  Delate  TITLE  NAME  SIRECT ADDRESS  CITY ST. 2P  Delate  Delate  TITLE  NAME  SIRECT ADDRESS  CITY ST. 2P  Delate  Delate  SIRECT ADDRESS  CITY ST. 2P  Delate  Delate  TITLE  NAME  SIRECT ADDRESS  CITY ST. 2P  Delate  Delate  TITLE  NAME  SIRECT ADDRESS  CITY ST. 2P  Delate  Delate  TITLE  NAME  SIRECT ADDRESS  CITY ST. 2P  Delate  Delate  T	te City & State  Country  Coun	te City & State

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.