

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047334

1. Entity Name

HIGHLANDS ALTERNATIVE MEDICAL CLINIC INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90085 032 \*\*\*150.00

Principal Place of Business

Mailing Address

5825 US 27 NORTH  
SEBRING FL 33870

5825 US 27 NORTH  
SEBRING FL 33870-1216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0757699**

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

SANDLIN, FRED J  
5825 U.S. 27 NORTH  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANDLIN, FRED J	
STREET ADDRESS	5825 US 27 NORTH	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, JACK E MD	
STREET ADDRESS	5825 U.S. 27 NORTH	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWER, CAL	
STREET ADDRESS	5825 US 27 NORTH	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWER, MARY	
STREET ADDRESS	5825 US 27 NORTH	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (9/99)