

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066089

1. Entity Name

CLERMONT HIGHLANDS DEVELOPMENT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 MAR -4 PM



REINSTATEMENT 02/25/03

(DO NOT WRITE IN THIS SPACE)

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|---|---|
| Principal Place of Business 4117 NORTHWEST 78TH AVENUE SUNRISE FL 33351 | Mailing Address 4117 NORTHWEST 78TH AVENUE SUNRISE FL 33351 |
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| 2. Principal Place of Business 630 GRAND HWY Suite, Apt. #, etc. | 3. Mailing Address 630 GRAND HWY Suite, Apt. #, etc. |
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|------------------------------|------------------------------|-----------------------------|-------------------------------|
| City & State CLERMONT, FL | City & State CLERMONT, FL | 4. FEI Number 65-0853942 | Applied For Not Applicable |
| Zip 32711-3200 | Country USA | Zip 32711-3200 | Country USA |

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|---|---|
| 6. Name and Address of Current Registered Agent HIGH, JOSHUA 4117 NORTHWEST 78TH AVENUE SUNRISE FL 33351 | 7. Name and Address of New Registered Agent |
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature)

(NOTE: Registered Agent signature required when reinstating)

2/25/03

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back). XX | FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State |
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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 NAME STREET ADDRESS CITY-ST-ZIP | D HIGH, JOSHUA 4117 NORTHWEST 78TH AVENUE SUNRISE FL 33351 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400013514164 03/04/03--01053--008 **750.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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|--|---|---------------------------------|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HIGH, JOSHUA 5169 LATROBE DRIVE WINTERMERE, FL 34786 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400013514165 03/04/03--01053--009 **150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *(Signature)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 418-4833

01/17/2003

Date

Daytime Phone #

CR2E034 (4/02)