

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

Principal Place of Business

Mailing Address

4117 NORTHWEST 78TH AVENUE
SUNRISE FL 33351

4117 NORTHWEST 78TH AVENUE
SUNRISE FL 33351

2. Principal Place of Business

630 GRAND HWY

Suite, Apt. #, etc.

3. Mailing Address

630 GRAND HWY

Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

CLERMONT, FL

Zip

32711-3200

Country

USA

Zip

32711-3200

Country

USA

4. FEI Number

65-0853942

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

Name

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

630 GRAND HWY

City

CLERMONT

FL

Zip Code
32711-3200

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, typed or printed name of registered agent and title, 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).

XX

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 D ☒ Delete
NAME HIGH, JOSHUA
STREET ADDRESS 4117 NORTHWEST 78TH AVENUE
CITY-ST-ZIP SUNRISE FL 33351

TITLE D ☐ Delete
NAME HIGH, JOSHUA
STREET ADDRESS 5169 LATROBE DRIVE
CITY-ST-ZIP WINDERMERE, FL 34786

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 400013514164
STREET ADDRESS 03/04/03--01053--008 **750.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 400013514164
STREET ADDRESS 03/04/03--01053--009 **150.00
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/2003

(407) 418-4833

Date

Daytime Phone #

CR2E034 (4/02)