

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90075 001 ***150.00

DOCUMENT # P98000078745

1. Entity Name
HIGHLAND TOWER APARTMENTS, INC.



Principal Place of Business
HIGHLAND TOWER APARTMENTS INC #101
410 PLAZA AVE
LAKE PLACID FL 33852

Mailing Address
HIGHLAND TOWER APARTMENTS INC #101
410 PLAZA AVE
LAKE PLACID FL 33852

2. Principal Place of Business

NO APT #

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDUGALL, IAN M
410 PLAZA AVE
#101
LAKE PLACID FL 33852

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **MCDUGALL, IAN M**
STREET ADDRESS **410 PLAZA AVE #101**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Change ☐ Addition
NAME **Remove apt #101**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPST** ☐ Delete
NAME **MCDUGALL, SALLY J**
STREET ADDRESS **410 PLAZA AVE #101**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Change ☐ Addition
NAME **Remove apt #101**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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 #

SALLY J. McDUGALL 8/10/3

CR2E034 (4/03)

Attachment #

80138200
D98000078745

10 Aug 03

Div. of Corps.
Uniform Business Report
PO Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

We never received the original for this.

We have had many, many problems with the Post office delivering our mail to the street address. It has been so bad that we now have a P.O. Box in Lake Placid as many pieces of mail are ① not being delivered, ② being returned to the sender, or ③ being delivered to a totally

Attachment#
80138200
P980000078745

Different address that has no bearing to 410 Playa Avenue.

Could you please
change our mailing address

to: P.O. Box 2890
Lake Placid, FL
33862-2890

If I have to pay the \$400
additional fee, please contact
me.

Sincerely yours,
Sally J. McDougall