2003 FOR PROFIT CORPORATION

Mailing Address

5511 HANSEL AVE.

ORLANDO FL 32809

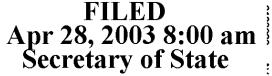
3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

UNIFORM BUSINESS REPORT (UBR) P99000035618 **DOCUMENT #** 1. Entity Name THE HIGHLANDS AT LAKE CONWAY, INC.



04-28-2003 90993 043 ***150.00

11022674

☐ CHECK HERE IF MAKING CHANGES			
FEI Number 59-3567375	Applied For		
59°3507375	Not Applicable		
Certificate of Status Desired S8.75 Additional Fee Required			

DATE

HOOKER, DOUGLAS P 5511 HANSEL AVE. ORLANDO FL 32809

the obligations of registered agent.

Country

6. Name and Address of Current Registered Agent

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

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

5511 HANSEL AVE.

ORLANDO FL 32809

7. Italie and Address of Italian Registered Agent				
Name				
Street Address (P.O. Box Number is Not Acceptable	e)		_	
City	FL	Zip Code		

4.

5.

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITLE □ Delete HOOKER, DOUGLAS P NAME NAME STREET ADDRESS 5511 HANSEL AVE. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP Change ☐ Addition TITLE D ☐ Delete TITLE NAME HOOKER, MARK NAME STREET ADDRESS STREET ADDRESS 5511 HANSEL AVE. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 Addition TITLE Defete --- -TITLE _ 🛄 Change NAME JONES, CONSTANCE A NAME STREET ADDRESS STREET ADDRESS 5511 HANSEL AVE. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 ☐ Addition ☐ Delete TITLE ☐ Change TITLE HARRISON, RAYMOND NAME NAME STREET ADDRESS STREET ADDRESS 749 N. GARLAND ST. CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

Country

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

(NOTE: Registered Agent signature required when reinstating)

12. I hereby certify that the information supplied with this filling 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 of 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 attac an address, with all other like empowered

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

☐ Delete

Change

☐ Addition