

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90001 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 769588</b>			
1. Entity Name <b>THE PALMS ESTATES OF HIGHLANDS COUNTY, INC.</b>			
Principal Place of Business <b>117 FIRST STREET LORIDA FL 33857 US</b>		Mailing Address <b>P.O. BOX 364 LORIDA FL 33857 US</b>	
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 <b>59-2412625</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JOHNSON, AGATHA 117 FIRST STREET LORIDA FL 33857</b>		7. Name and Address of New Registered Agent Name <b>P. Richard Forney</b> Street Address (P.O. Box Number is Not Acceptable) <b>117 First St.</b> City <b>Lorida</b> FL <b>33857</b>	
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 <i>P. Richard Forney</i> Signature, typed or printed name of registered agent and title applicable.		Executive Director DATE <b>January 5, 2001</b>	
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HARSH, NORMAN P O BOX 157 LORIDA FL 33857</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DEAN, CHARLES 140 FIRST ST.- P O BOX 613 LORIDA FL 33857</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MOHLER, ORPHA 133 FIRST ST.- P O BOX 14 LORIDA FL 33857</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Elzie Morris 126 Canal St. PO Box 82 Lorida, FL 33857</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PRICE, WRETHA 102 LIVE OAK- P O BOX 847 LORIDA FL 33857</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MCCAMAN, SAMUEL 114 CANAL STREET, P.O. BOX 1095 LORIDA FL 33857</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M JOHNSON, AGATHA 117 FIRST ST BOX 364 LORIDA FL 33857</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M P. Richard Forney 117 First St. PO Box 364 Lorida, FL 33857</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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 617, 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:** *P. RICHARD FORNEY* **Jan. 5, 2001** (863)655-1909  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #