

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90020 002 ****61.25

0082478

DOCUMENT # 769588

1. Entity Name

THE PALMS ESTATES OF HIGHLANDS COUNTY, INC.

Principal Place of Business

Mailing Address

**117 FIRST STREET
 LORIDA FL 33857
 US**

**P.O. BOX 364
 LORIDA FL 33857
 US**

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

59-2412625

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORNEY, RICHARD P
 117 FIRST STREET
 LORIDA FL 33857**

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.

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P HARSH, NORMAN**
 STREET ADDRESS **P O BOX 157**
 CITY-ST-ZIP **LORIDA FL 33857**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD DEAN, CHARLES**
 STREET ADDRESS **140 FIRST ST.- P O BOX 613**
 CITY-ST-ZIP **LORIDA FL 33857**

TITLE Change Addition
 NAME **VD GINGRICH, WALTER**
 STREET ADDRESS **3651 US HWY 27 S #583**
 CITY-ST-ZIP **SEBRING, FL 33870**

TITLE Delete
 NAME **VD MORRIS, ELZIE**
 STREET ADDRESS **126 CANAL ST PO BOX 82**
 CITY-ST-ZIP **LORIDA FL 33857**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S PRICE, WRETHA**
 STREET ADDRESS **102 LIVE OAK- P O BOX 847**
 CITY-ST-ZIP **LORIDA FL 33857**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T MCCAMAN, SAMUEL**
 STREET ADDRESS **114 CANAL STREET, P.O. BOX 1095**
 CITY-ST-ZIP **LORIDA FL 33857**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **M FORNEY, RICHARD P**
 STREET ADDRESS **117 FIRST ST BOX 364**
 CITY-ST-ZIP **LORIDA FL 33857**

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 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 *Richard Forney* 01/14/02 863-655-1909
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)