

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706774

1. Entity Name

SKY RANCH APARTMENTS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90157 047 ****61.25

Principal Place of Business

Mailing Address

SKY RANCH APTS. INC
 3424 SE 12TH STREET
 POMPANO BEACH FL 33062
 US

SKY RANCH APTS. INC
 3424 SE 12TH ST #A7
 POMPANO BEACH FLA 33062-6602
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1102045

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COOMBS, OLIVER P III
 3424 SE 12TH ST #C-4
 SKY RANCH
 POMPANO BEACH FL 33062

Name

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

3424 SE 12th ST C-4

City

POMPANO BEACH

FL

Zip Code

33062

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

[Handwritten Signature]

1-4-2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	COOMBS, OLIVER P	3424 SE 12TH ST #C-4	POMPANO BCH FL	<input type="checkbox"/>
S	BAUER, MICHAEL P	3424 S.E. 12TH ST. C-3	POMPANO BEACH FL	<input checked="" type="checkbox"/>
VD	SNYDER, JOHN W	3424 S.E. 12TH ST. C-2	POMPANO BEACH FL	<input type="checkbox"/>
D	STRANDBERG, AUGUST	3424 SE 12TH ST F-6	POMPANO BEACH FL 33062	<input type="checkbox"/>
D	PICKETT, ERICKA	3424 SE 12 ST, D2	POMPANO BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	OLIVER P. COOMBS III	3424 SE 12TH ST C-4	POMPANO BEACH, FLA 33062	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY/TREASURER	FRED A. LEERS	3424 SE 12TH ST. C-3	POMPANO BEACH, FLA 33062	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Handwritten Signature]

1-4-2000

954-286-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)