

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90043 050 ****61.25

DOCUMENT # 706774.

1. Entity Name

SKY RANCH APARTMENTS, INC.

Principal Place of Business

Mailing Address

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

3424 SE 12TH ST
 POMPANO BEACH FLA 33062
 US

2. Principal Place of Business

3. Mailing Address

NO CHANGE

NO CHANGE

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



DO NOT WRITE IN THIS SPACE

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
 POMPANO BEACH FL 33062

Name **FRED A. LEERS**

Street Address (P.O. Box Number is Not Acceptable)
3424 SE 12th STREET

APT. # C-3

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 3, 2001

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

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEERS, FRED A.	
STREET ADDRESS	3424 SE. 12th ST. APT C-3	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, PATRICIA	
STREET ADDRESS	3424 S.E. 12th ST. APT. E-3	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	V.PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DZIMINSKI, JOSEPH	
STREET ADDRESS	3424 S.E. 12th ST. APT. C-7	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIELE, KARL	
STREET ADDRESS	3424 S.E. 12th ST. APT. E-5	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Fred A. Leers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 4/3/01 (954) 941-4647
 Date Daytime Phone #

CR2E037 (10/00)