

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739888

1. Entity Name

FAIRGREEN UNIT III OWNERS ASSOCIATION, INC.

Principal Place of Business

38 FORE DR.
NEW SMYRNA BCH FL 32168
US

Mailing Address

38 FORE DR.
NEW SMYRNA BCH FL 32168
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

59-1786212

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

BLAKE, JACK
615 FORE DR
NEW SMYRNA BEACH FL 32168

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 NAME STREET ADDRESS CITY-ST-ZIP	D STALDER, WILLIAM F. 12 FORE DR. NEW SMYRNA BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERBERT NIEBURGER 21 FORE DR. NEW SMYRNA BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLAKE, JACK 45 FORE DR NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Delete <i>for change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENNER, THOMAS M 19 FORE DR. NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUSICK, COMRAD 1 FORE DRIVE NEW SMYRNA BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELMORE, RAY 41 FORE DR NEW SMYRNA BCH FL 32168	<input checked="" type="checkbox"/> Delete <i>for change</i>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK MENSCH 29 FORE DR. NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY MAYER 44 FORE DR. NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom Dodd 15 FORE DR. NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAKE, Jack 45 FORE DR. NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELMORE, RAY 41 FORE DR. NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAURA R.G. BENNER 19 FORE DR. NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

Thomas M. Benner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.D.

3/18/01

Date

386-427-9819

Daytime Phone #

00028121



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90063 030 *****61.25