

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744414

1. Entity Name

TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM III ASSOC

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90033 044 \*\*\*\*61.25

Principal Place of Business 10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668	Mailing Address 10730 U.S. 19 SUITE 17 PORT RICHEY FL 34668
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1895805	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	<input type="checkbox"/>

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
QUALIFIED PROPERTY MANAGEMENT INC 10730 U.S. HIGHWAY 19 SUITE 17 PORT RICHEY FL 34668	Name Street Address (P.O. Box Number is Not Applicable) 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	PD JONES, STUART 9231-1 SEVEN OAKS CT. PORT RICHEY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Getz, Wayne 11310-3 Carriage Hill Drive Port Richey, FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <del>LACONTE, MARY</del> <del>8231-2 SEVEN OAKS CT--</del> <del>PORT RICHEY FL --</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sessions, Peg 8210-3 Sulky Court Port Richey, FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEE, ELIZABETH 11340 4 CARRIAGE HILL DR -- PORT RICHEY FL --- <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Pesale, Marie 8230-1 Seven Oaks Court Port Richey, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <del>BUTKIEWICZ, ADELE</del> <del>8220-2 SULKY CT--</del> <del>PORT RICHEY FL --</del> <input checked="" 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	D DUBYK, MICHAEL 8231-5 SEVEN OAKS CT. PORT RICHEY FL <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *Stuart Jones* **SIGNATURE REQUIRED** *Stuart Jones* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: *3/28/00* Daytime Phone # \_\_\_\_\_

CR2E037 19/999