

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753849

1. Entity Name

SILVER THATCH BUILDING NO. THREE ASSOCIATION, IN

Principal Place of Business

SILVER THATCH BLDG
3204 COLONY CLUB RD., APT. 4
POMPANO BEACH FL 33062
US

Mailing Address

3204 COLONY CLUB RD
APT. 4
POMPANO BEACH FL 33062
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

59-2074763

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

EDDY, JAMES
2401 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062-5243

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	VD HEISS, UTE 3208 COLONY CLUB DR. POMPANO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHYLLIS RASMUSSEN 3216 COLONY CLUB RD POMPANO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYDER, RUTH 3204 COLONY CLUB RD. POMPANO BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ATHAS, ROBERT 3204 COLONY CLUB RD. POMPANO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, KATHY 3204 COLONY CLUB DR. POMPANO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

ROBERT L. ATHAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2001 954-786-0196
Date Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90094 005 ****61.25

605246



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)