

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90181 018 ****61.25

DOCUMENT # 756525

1. Entity Name

ROLLING HILLS GOLF AND TENNIS CLUB CONDOMINIUM I

Principal Place of Business

Mailing Address

3001 W. ROLLING HILLS CIRCLE
 DAVIE FL 33328

3001 W. ROLLING HILLS CIRCLE
 DAVIE FL 33328-1948

00050325



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2065952

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

SPEERT, HARRY
 3001 W ROLLING HILLS CIR #409
 DAVIE 33328

Name **ROBERT HOBART**

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

7301 W SUNRISE BLVD.

City **PLANTATION**

FL

Zip Code **33313**

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 *Robert Hobart* **ROBERT HOBART** *MANAGER*

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

(NOTE: Registered Agent signature required when reinstating)

4/12/2000

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 | DD DD | <input type="checkbox"/> Delete |
| NAME | SPEERT, HARRY A. | |
| STREET ADDRESS | 3001 ROLLINGS HILLS 409 | |
| CITY-ST-ZIP | DAVIE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SARVER, THOMAS | |
| STREET ADDRESS | 3001 W ROLLING HILLS 309 | |
| CITY-ST-ZIP | DAVIE FL | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | MATARAZZO, MARIO | |
| STREET ADDRESS | 3001 W ROLLING HILLS 301 | |
| CITY-ST-ZIP | DAVIE FL | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | PARILLO, ERNEST | |
| STREET ADDRESS | 3001 W. ROLLING HILLS, #406 | |
| CITY-ST-ZIP | DAVIE FL | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | FRITZ, GENEVIEVE | |
| STREET ADDRESS | 3001 W ROLLING HILLS, CIRCLE #408 | |
| CITY-ST-ZIP | DAVIE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEVE YOUNG | |
| STREET ADDRESS | 3001 W ROLLING HILLS 208 | |
| CITY-ST-ZIP | DAVIE FL 33328 | |
| TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILLEY DURDEN | |
| STREET ADDRESS | 3001 W ROLLING HILLS 510 | |
| CITY-ST-ZIP | DAVIE FL 33328 | |
| TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BETTE CHATE | |
| STREET ADDRESS | 3001 W ROLLING HILLS 406 | |
| CITY-ST-ZIP | DAVIE FL 33328 | |
| 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: *Harry A. Speert* **HARRY A. SPEERT** **797 7511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)