## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **DOCUMENT # N25306** Mar 14, 2000 8:00 am 1. Entity Name Secretary of State COUNTRYSIDE HOMEOWNERS ASSOCIATION III, INC. 03-14-2000 90089 038 \*\*\*\*61.25 Principal Place of Business Mailing Address WILLIAM HERZOG WILLIAM HERZOG 254 ST JAMES WAY 254 ST. JAMES WAY NAPLES FL 34104-6714 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2918443 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCGRAW DWIGHT Street Address (P.O. Box Number is Not Acceptable) HERZOG, WILLIAM umes 254 ST JAMES WAY 34104 NAPLES FL 34104 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. 5.27 ☐ Change ☐ Addition TITLE Delete TITLE COVONE, MAUREEN NAME NAME STREET ADDRESS STREET ADDRESS 268 ST, JAMES WAY CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 Change ☐ Addition ☐ Delete TITLE TITLE OLSON, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 132 GRANVILLE CT CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34104 -Change ☐ Addition VPD President iluctor TITLE ☐ Delete TITI F Dogram Deright ME Stall 245 St James Way Mapies 21. HERZOG, WILLIAM NAME NAME. STREET ADDRESS STREET ADDRESS 254 ST JAMES WAY CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change Addition DIR TITLE □ Delete TITLE POULOS, CAROL NAME NAME STREET ADDRESS STREET ADDRESS 264 ST JAMES WAY CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 ☐ Addition ☐ Delete TITLE WALKER, JOHN NAME NAME STREET ADDRESS 128 GRANVILLE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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