

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/

**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90228 018 \*\*\*\*61.25

**DOCUMENT # N95000000332**

1. Entity Name

**STONEBROOK CLUBSIDE SOUTH ASSOCIATION III, INC.**

Principal Place of Business

Mailing Address

ADVANCED MANAGEMENT INC.  
 5899 WHITFIELD AVE 107  
 SARASOTA FL 34243

ADVANCED MANAGEMENT INC.  
 5899 WHITFIELD AVE 107  
 SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

*9031 Town Center Pkwy*

*9031 Town Center Pkwy*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Bradenton, FL 34202*

City & State

*Bradenton, FL*

Zip

Country

*34202*

Zip

Country

*34202*

4. FEI Number

**65-0557775**

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

ADVANCED MANAGEMENT INC.  
 5899 WHITFIELD AVE  
 SARASOTA FL 34243

*9031 Town Center Pkwy  
 Bradenton, FL 34202*

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

*DEZ-O*

*4-26-02*

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: **TD**  
 NAME: **EASTON, MICHAEL F MR**  Delete  
 STREET ADDRESS: **9630 CLUB SOUTH CIR, UNIT 6204**  
 CITY-ST-ZIP: **SARASOTA FL**

TITLE: **President**  Change  Addition

TITLE: **VPD**  
 NAME: **MEO, ANNE**  Delete  
 STREET ADDRESS: **9630 CLUB SOUTH CIRCLE**  
 CITY-ST-ZIP: **SARASOTA FL 34238**

TITLE: **V President**  Change  Addition  
 NAME: **Nussey, Jacqueline**  
 STREET ADDRESS: **9208 Club South Circle #6306**  
 CITY-ST-ZIP: **Sarasota, FL 34238**

TITLE: **PD**  
 NAME: **CONDON, DENNIS E MR.**  Delete  
 STREET ADDRESS: **9360 CLUB SOUTH CIR., UNIT 6207**  
 CITY-ST-ZIP: **SARASOTA FL 34238**

TITLE: **Treasurer**  Change  Addition  
 NAME: **Director**

TITLE: **TD**  
 NAME: **LUKER, LUKE M**  Delete  
 STREET ADDRESS: **9630 CLUB SOUTH CIR., UNIT 6202**  
 CITY-ST-ZIP: **SARASOTA FL**

TITLE: **Secretary / Director**  Change  Addition  
 NAME: **Yow, Raymond**  
 STREET ADDRESS: **9630 Club South Circle 6308**  
 CITY-ST-ZIP: **Sarasota, FL 34238**

TITLE: **D**  
 NAME: **HOQUE, WILLIAM**  Delete  
 STREET ADDRESS: **8765 MANON AVE**  
 CITY-ST-ZIP: **SARASOTA FL 34238**

TITLE: **Director**  Change  Addition  
 NAME: **Director**  
 STREET ADDRESS: **8765 Merion Avenue**  
 CITY-ST-ZIP: **Sarasota, FL 34238**

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  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:

*SIGNATURE FACED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 26, 2002 941-966-7471*

Date

Daytime Phone #

CR2E037 (9/01)