

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05315

1. Entity Name

CONTINENTAL OAKS III HOMEOWNERS ASSOCIATION, INC

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90803 009 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 37040
TALLAHASSEE FL 32315

P.O. BOX 37040
TALLAHASSEE FL 32315-7040

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

59-2765557

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

CAPPS, BETTY
1411 CAPITAL CIR. NW.
STE B
TALLAHASSEE FL 32303

Name

Betty Capps

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

1471 Capital Cir, NW Ste B

City

Tallahassee

FL

Zip Code

32303

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

Betty Capps

Betty Capps

4/27/00

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 PD
NAME BOURLAND, WALLACE
STREET ADDRESS 2103 CENTINENTAL AVE.
CITY-ST-ZIP TALLAHASSEE FL 32304 ☒ Delete

TITLE D
NAME Amanda Farnsley
STREET ADDRESS 1161 Ocala Rd.
CITY-ST-ZIP Tallahassee, FL 32304 ☐ Change ☒ Addition

TITLE VD
NAME LANE, RANDY
STREET ADDRESS 2904 TERRY RD
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE P/O
NAME Lane, Randy
STREET ADDRESS 2904 Terry Rd.
CITY-ST-ZIP Tallahassee, FL 32312 ☒ Change ☐ Addition

TITLE STD
NAME SMITH, MARY
STREET ADDRESS ROUTE 2 BOX 382A
CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

TITLE
NAME Smith, Mary
STREET ADDRESS 3559 Concord Road
CITY-ST-ZIP Havana, Florida 32333 ☐ Change ☐ Addition

TITLE STD
NAME SAULS, JAMES
STREET ADDRESS 2849 GREEN FORREST LANE
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

TITLE D
NAME STRONG, MADELINE
STREET ADDRESS 5055 ICICLE HILL
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

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

TITLE D
NAME MARSHALL, DALLSA
STREET ADDRESS 1605 PAULA DR
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE D
NAME Marshall, Dallas
STREET ADDRESS 3108 Livingston Road
CITY-ST-ZIP Tallahassee, FL 32303 ☒ 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)(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:

Dallas Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

Daytime Phone #

CR2E037 (9/99)