

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
 03-06-2000 90098 004 ****70.00

DOCUMENT # 722968

1. Entity Name
ROTONDA HEIGHTS CONSERVATION ASSOCIATON, INC.

Principal Place of Business 3751 CAPE HAZE DRIVE SUITE B CAPE HAZE FL 33947 US	Mailing Address POST OFFICE BOX 3100 PLACIDA FL 33946-3100 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0155666	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
BRADENBERGER, JOHN 3751 CAPE HAZE DRIVE SUITE B CAPE HAZE FL 33947	
7. Name and Address of New Registered Agent	
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 _____ (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	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUERSON, WILLIAM		NAME		
STREET ADDRESS	3751 CAPE HAZE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE HAZE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYER, JACK		NAME		
STREET ADDRESS	3751 CAPE HAZE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE HAZE FL		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMAN, MARJORIE		NAME	George Lentz	
STREET ADDRESS	4005 CAPE HAZE DR.		STREET ADDRESS	3751-B Cape Haze Drive	
CITY-ST-ZIP	CAPE HAZE FL		CITY-ST-ZIP	Cape Haze, FL 33946	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, LEONARD		NAME		
STREET ADDRESS	3751 CAPE HAZE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE HAZE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUEDTKE, HOWARD		NAME		
STREET ADDRESS	3751 CAPE HAZE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE HAZE FL 33946		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Leonard Durham* **3/1/00** **941-697-9722**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **LEONARD DURHAM** Date Daytime Phone #

CR2E037 (9/99)