

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723254

1. Entity Name

NARANJA LAKES CONDOMINIUM NO. THREE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90448 046 ****61.25

Principal Place of Business

27500 S.W. 145 AVE.
NARANJA LAKES FL 33032

Mailing Address

5201 BLUE LAGOON DR
SUITE 100
MIAMI FL 33126-2065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1608733

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

ROGEL, DAVID
BECKER & POLIAKOFF PA
5201 BLUE LAGOON DR SUITE 100
MIAMI FL 33126

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

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 ☐ Delete
NAME ARCHER, STUART H
STREET ADDRESS 7340 S.W. 132ND STREET
CITY-ST-ZIP MIAMI FL 33156

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

TITLE VPD ☐ Delete
NAME JONES, CLIFFORD
STREET ADDRESS 113 GLENDOVER CIRCLE
CITY-ST-ZIP SUN CITY CENTER FL 33573

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

TITLE TD ☐ Delete
NAME TOOTHMAN, ROBERT
STREET ADDRESS 2048 E. GOLF LINKS RD
CITY-ST-ZIP SIERRA VISTA AZ 85635

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

TITLE SO ☐ Delete
NAME ESKAU, THOMAS
STREET ADDRESS 19800 S.W. 180 AVE., LOT 251
CITY-ST-ZIP MIAMI FL 33187

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

TITLE ASTO ☐ Delete
NAME ARCHIBALD, JOHN
STREET ADDRESS 6032 INDRILO RD, P2
CITY-ST-ZIP FORT PIERCE FL 34951

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 April 2000 305-238-0911
Date Daytime Phone #

CR2E037 (9/99)