

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90057 049 \*\*\*\*61.25

**DOCUMENT # 726498**

1. Entity Name

**SHEOAH HIGHLANDS THREE, INC.**

Principal Place of Business

413-1 SHEOAH BLVD  
 D  
 WINTER SPRINGS FL 32708  
 US

Mailing Address

PO BOX 182146  
 CASSELBERRY FL 32718-2146  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1470061**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**% PAINE-ANDERSON PROPERTIES INC**  
**620 NIGHTHAWK CIR**  
**WINTER SPRINGS FL 32708**

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

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

TITLE	T	<input type="checkbox"/> Delete
NAME	SINSAR, JUNE	
STREET ADDRESS	413-Z SHEOAH BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LOEWEN, ANNE	
STREET ADDRESS	413-1 SHEOAH BLVD.	
CITY-ST-ZIP	WINTER SPRGS, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>LEE, RICHARD</del>	
STREET ADDRESS	<del>415-1 SHEOAH BLVD.</del>	
CITY-ST-ZIP	<del>WINTER SPRINGS FL 32708</del>	
TITLE	P	<input type="checkbox"/> Delete
NAME	PETRENCIK, MARGUERITE	
STREET ADDRESS	BOX 991	
CITY-ST-ZIP	GENEVA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID MORTON	
STREET ADDRESS	302 Robin Hill DR	
CITY-ST-ZIP	ALTAMONTE SPRS FL 32701	
TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARVIN Moeller	
STREET ADDRESS	60 Sheoah Apt 37	
CITY-ST-ZIP	WINTER SPRGS FL 32708	
TITLE	Dir	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRI BEASLEY	
STREET ADDRESS	413-4 Sheoah Blvd	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	DIR, PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRENCIK, MARGUERITE	
STREET ADDRESS	Box 991	
CITY-ST-ZIP	GENEVA, FL	
TITLE	Dir, TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINSAR, JUNE	
STREET ADDRESS	413-2 Sheoah Blvd	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED *Treasurer* Date: 2/19/00 Daytime Phone #: 407-327-5176

CR2E037 (9/99)