

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738689

1. Entity Name

RUSTIC HILLS PHASE III PROPERTY OWNERS ASSOCIATI

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90145 045 ****61.50

Principal Place of Business

3560 SW WOODCREEK TRAIL
PALM CITY FL 34990
US

Mailing Address

3357 SW BESSEY CREEK TRL
PALM CITY FL 34990-1803
US

605006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3378 S.W. Bessey Creek Trl

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City, Fla

City & State

FL

Zip

34990

Country

US

Zip

34990

Country

US

4. FEI Number

59-2209759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORENO, CHRISTINE M E
3211 SW ALEXANDER CT
PALM CITY FL 34990

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	PD	<input type="checkbox"/> Delete
NAME	WIEGNER, G O	
STREET ADDRESS	3357 SW BESSEY CREEK TRL	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DT	<input type="checkbox"/> Delete
NAME	OLSON, RICHARD	
STREET ADDRESS	3407 SW BESSEY CREEK TRL	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KIEHN, BARBARA	
STREET ADDRESS	3680 SW WOODCREEK TRL	
CITY-ST-ZIP	PALM CITY, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FYKE, JAMES	
STREET ADDRESS	3378 S.W. Bessey Creek Trl	
CITY-ST-ZIP	Palm City, Fla	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hill, Susan	
STREET ADDRESS	3398 S.W. Bessey Creek Trl	
CITY-ST-ZIP	Palm City, Fla 34990	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEHN, BARBARA	
STREET ADDRESS	3680 S.W. woodcreek	
CITY-ST-ZIP	Palm City, Fla 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

James B Fyke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/00

Daytime Phone #

561-286-3008

CR2E037 (9/99)