

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760197

1. Entity Name

RIVER OAKS CONDOMINIUM III ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90038 003 ****61.25

Principal Place of Business

Mailing Address

7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637
US

7001 TEMPLE TERR HWY
TEMPLE TERR FL 33637-5734
US

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

59-2182233

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

LERNER, PATRICIA L
606 MADISON
STE. 2001
TAMPA FL 33602

Name Leib, Patricia
Street Address (P.O. Box Number is Not Acceptable)
420 W. Platt Street
City Tampa FL Zip Code 33606

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	<input type="checkbox"/> Delete
NAME	SHIELDS, HUGH	
STREET ADDRESS	1632 SEABREEZE DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	YOUNG, LAWRENCE	
STREET ADDRESS	1632 SEABREEZE DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	YOUNG, DEBRA	
STREET ADDRESS	1632 SEABREEZE DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	
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"/> 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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugh J. Shields

Date

Daytime Phone #

2/1/00 727-937-1974

CR2E037 (9/99)