

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760197

1. Entity Name

RIVER OAKS CONDOMINIUM III ASSOCIATION, INC.

**FILED**  
Mar 07, 2002 8:00 am  
Secretary of State

03-07-2002 90014 007 \*\*\*61.25

Principal Place of Business

7001 TEMPLE TERRACE HWY  
TEMPLE TERRACE FL 33637  
US

Mailing Address

7001 TEMPLE TERR HWY  
TEMPLE TERR FL 33637  
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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LEIB, PATRICIA  
420 W PLATT STREET  
TAMPA FL 33602

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	VPD	<input type="checkbox"/> Delete
NAME	BAILEY, RICHARD	
STREET ADDRESS	816 BENNING DRIVE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, LAWRENCE	
STREET ADDRESS	2187 BLUE TERN DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	STD	<input type="checkbox"/> Delete
NAME	YOUNG, DEBRA	
STREET ADDRESS	2187 BLUE TERN DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Young, Larry	
STREET ADDRESS	2187 Blue Tern Dr.	
CITY-ST-ZIP	Palm Harbor, FL 34683	
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:

*Larry Young*

2-7-02 813-980 1000

CR2E037 (9/01)