

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768295

1. Entity Name

BIG CYPRESS NATIONAL PRESERVE EXEMPT PROPERTY OW

Principal Place of Business

Mailing Address

RTY OWNERS ASSOCIATION, INC.  
5901 SW 114 TERRACE  
MIAMI FL 33156-5030

RTY OWNERS ASSOCIATION, INC.  
5901 SW 114 TERRACE  
MIAMI FL 33156-5030

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

NOT APPLICABLE

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

HOUGHTON, RICHARD  
5901 SW 114 TERRACE  
MIAMI FL 33156

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	<input type="checkbox"/> Delete
NAME	HOUGHTON, RICHARD	
STREET ADDRESS	5901 SW 114 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LASSITER, DALE	
STREET ADDRESS	1030 ORIOLE AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DUNCAN, NORVEL R.	
STREET ADDRESS	13701 SW 84TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, DONALD A.	
STREET ADDRESS	6600 SW 26TH ST	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSHER, RICHARD	
STREET ADDRESS	8730 SW 114 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, EDWARD	
STREET ADDRESS	7820 SW 158 TERRACE	
CITY-ST-ZIP	MIAMI FL	

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	
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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: RICHARD HOUGHTON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.07.00  
Date

305667-6273  
Daytime Phone #

FILED  
Apr 18, 2000 8:00 am  
Secretary of State

04-18-2000 90192 009 \*\*\*\*61.25

030094



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)