

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000001701**

1. Entity Name

SEA RANCH COMMUNITY DEVELOPMENT III, INC.**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90020 035 ***150.00

Principal Place of Business

**312 S.E. 17TH STREET, STE 300
FORT LAUDERDALE FL 33316**

Mailing Address

**312 S.E. 17TH STREET, STE 300
FORT LAUDERDALE FL 33316-2524**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0832831Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****PALMER, CHARLES L
312 S.E. 17TH STREET, STE 300
FORT LAUDERDALE FL 33316****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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	COLLINS, WALTER	312 S.E. 17TH STREET, STE 300	FORT LAUDERDALE FL	

	V			
	WILSON, JOY	312 S.E. 17TH STREET, STE 300	FORT LAUDERDALE FL	

	C			
	PALMER, CHARLES L	312 S.E. 17TH STREET, STE 300	FORT LAUDERDALE FL	

	AS			
	DRESSLER, SHARON	312 S.E. 17TH STREET, STE 300	FORT LAUDERDALE FL	

	S			
	ROCHE, JAMES	227 WEST MONROE ST., STE 3100	CHICAGO IL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #