## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 10, 2001 8:00 am Secretary of State DOCUMENT # N32851 1. Entity Name DEEM'S RANCHES HOMEOWNER'S ASSOCIATION, INC. 05-10-2001 90146 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 4720 S.W. 170TH AVENUE 4720 S.W. 170TH AVENUE FT LAUDERDALE FL 33331 FT LAUDERDALE FL 33331 2. Principal Place of Business 3. Mailing Address 4720 S.W 17 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City,& State City & State 4. FEI Number Applied For 65-0129330 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 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) KEHLER, ROLLY 4720 S.W. 170TH AVENUE FORT LAUDERDALE FL 33331-1237 City Zip Code FI 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ☐ Change Addition KEHLER, ROLLY NAME STREET ADDRESS STREET ADDRESS 4720 S.W. 170TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change TITI F SPTD ☐ Delete TITLE ☐ Addition KEHLER, BETSY NAME STREET ADDRESS STREET ADDRESS 4720 S.W. 170TH AVE. CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE ☐ Delete THTLE ☐ Change Addition KEHLER, BETSY NAME STREET ADDRESS 4720 \$ W 170TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE Change Addition ☐ Delete LAWSON, DAN NAME STREET ADDRESS STREET ADDRESS 17080 S.W. 48TH ST. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP 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** 

954-434-1746