

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**  
 04-18-2000 90070 027 \*\*\*\*70.00

**DOCUMENT # N34100**

1. Entity Name

**CUNNINGHAM CREEK UNIT III HOME OWNER'S ASSOCIATI**

Principal Place of Business	Mailing Address
110 26 STATE RD. 13 SUITE 356 JACKSONVILLE FL 32259	445-26 STATE RD. 13 SUITE 356 JACKSONVILLE FL 32259

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2971067	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MATHIS, DON**  
**2145 HAWKCREST DR E**  
**JACKSONVILLE FL 32259**

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW:</b> <b>FEES ARE \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
---	---	------------------------------------	--

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MATHIS, DON		NAME	
2145 HAWKCREST DR., E.		STREET ADDRESS	
JACKSONVILLE FL 32259		CITY-ST-ZIP	
D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
COLLIER, BRAD		NAME	
2247 HAWKCREST DRIVE E		STREET ADDRESS	
JACKSONVILLE FL 32259		CITY-ST-ZIP	
TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
JENNINGS, RANDY		NAME	
2120 WHITE WING DOVE PLACE		STREET ADDRESS	
JACKSONVILLE FL 32259		CITY-ST-ZIP	
SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BIASTRE, GEORGE JR.		NAME	
2170 HAWKCREST DRIVE EAST		STREET ADDRESS	
JACKSONVILLE FL 32259		CITY-ST-ZIP	
D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BLACK, DON		NAME	
2146 HAWCREST DR., E.		STREET ADDRESS	
JACKSONVILLE FL 32259		CITY-ST-ZIP	
VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SLEE, DON J		NAME	
1923 WEB FOOT PLACE		STREET ADDRESS	
JACKSONVILLE FL 32259		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: *Frances E Roef* **Treasurer** **4/10/00** **9043636088x105**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)