

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90098 047 \*\*\*\*70.00

**DOCUMENT # N34100**

1. Entity Name

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

Principal Place of Business

**445-26 STATE RD. 13  
 SUITE 356  
 JACKSONVILLE FL 32259**

Mailing Address

**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

Zip

Country

4. FEI Number

**59-2971067**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

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

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

TITLE PD ☐ Delete  
 NAME MATHIS, DON  
 STREET ADDRESS 2145 HAWKCREST DR., E.  
 CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE D ☐ Delete  
 NAME COLLIER, BRAD  
 STREET ADDRESS 2247 HAWKCREST DRIVE E  
 CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE T ☐ Delete  
 NAME ROE, FRANCES E  
 STREET ADDRESS 2129 HAWKCREST DRIVE  
 CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE SD ☐ Delete  
 NAME BIASTRE, GEORGE JR.  
 STREET ADDRESS 2170 HAWKCREST DRIVE EAST  
 CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE D ☐ Delete  
 NAME BLACK, DON  
 STREET ADDRESS 2146 HAWKCREST DR., E.  
 CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE VD ☐ Delete  
 NAME SLEE, DON J  
 STREET ADDRESS 1923 WEB FOOT PLACE  
 CITY-ST-ZIP JACKSONVILLE FL 32259

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VICE-PRESIDENT ☐ Change ☒ Addition  
 NAME PETER CALA BRESSE  
 STREET ADDRESS 1928 WEB FOOT PLACE  
 CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE (S) SECRETARY ☒ Change ☐ Addition  
 NAME COLLIER, BRAD  
 STREET ADDRESS 2247 HAWKCREST DRIVE E  
 CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DIRECTOR (D) ☐ Change ☒ Addition  
 NAME MURPHY, KEVIN  
 STREET ADDRESS 2130 HAWKCREST DR E  
 CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE DIRECTOR (D) ☒ Change ☐ Addition  
 NAME SLEE, DON J  
 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:** *FRANCES E. ROE* 3/4/01 9045964105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)