

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37652

1. Entity Name

TARA HOMEOWNERS ASSOCIATION III, INC.

Principal Place of Business

6920 PLEASANT HILL RD
BRADENTON FL 34203
US

Mailing Address

PO BOX 20264
BRADENTON FL 34204-0264
US

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

65-0185271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VONDA, JOHNSON
6920 PLEASANT HILL
BRADENTON FL 34203

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 JOHNSON, VONDA
STREET ADDRESS 6920 PLEASANT HILL RD
CITY-ST-ZIP BRADENTON FL

TITLE VD ☒ Delete
NAME CAMPBELL, BECKY
STREET ADDRESS 6818 PLEASANT HILL RD
CITY-ST-ZIP BRADENTON FL

TITLE TD ☐ Delete
NAME JANSON, ROBERT
STREET ADDRESS 7003 PLEASANT HILL RD
CITY-ST-ZIP BRADENTON FL

TITLE SD ☐ Delete
NAME HEYL, ANN
STREET ADDRESS 6905 PLEASANT HILL RD
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ Delete
NAME BYRD, CAROLE
STREET ADDRESS 6814 PLEASANT HILL RD.
CITY-ST-ZIP BRADENTON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD ☒ Change ☒ Addition
NAME ROTHMANN, ELEANOR
STREET ADDRESS 6734 PLEASANT HILL RD.
CITY-ST-ZIP BRADENTON FL

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

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

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

TITLE ☐ Change ☐ 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: *Vonda Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/00 941-739-3641

Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

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