

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005041

1. Entity Name

RUSTIC RANCHES LANDOWNERS' ASSOCIATION, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90071 011 ****61.25

Principal Place of Business Mailing Address
C/O PIGADIS C/O PIGADIS
16198 RUSTIC BLVD 16198 RUSTIC ROAD
LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470-5032
US 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

65-0862759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIGADIS, ELIZABETH
16198 RUSTIC ROAD
LOXAHATCHEE FL 33470

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	PIGADIS, ELIZABETH J	16198 RUSTIC ROAD	LOXAHATCHEE FL 33470	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	REISMAN, PHYLLIS	16720 HOLLOW TREE LANE	LOXAHATCHEE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	BRIGGS, MICHAEL R	2851 FLYING COW RANCH ROAD	LOXAHATCHEE FL 33470	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	MERRIAM, FRANK	16229 RUSTIC RD	LOXAHATCHEE FL 33470	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)