

6/8/01

FILED**Jun 25, 2001 8:00 am**
Secretary of State

06-08-2001 90005 039 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000005041**

1. Entity Name

RUSTIC RANCHES LANDOWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O PIGADIS
16198 RUSTIC BLVD
LOXAHATCHEE FL 33470
US

Mailing Address

C/O PIGADIS
16198 RUSTIC ROAD
LOXAHATCHEE FL 33470
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0862759

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

(NOT: Registered Agent's signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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	<input type="checkbox"/> Delete
NAME	PIGADIS, ELIZABETH J	
STREET ADDRESS	16198 RUSTIC ROAD	
CITY - ST - ZIP	LOXAHATCHEE FL 33470	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	REISMAN, PHYLIS	
STREET ADDRESS	16720 HOLLOW TREE LANE	
CITY - ST - ZIP	LOXAHATCHEE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRIGGS, MICHAEL R	
STREET ADDRESS	2851 FLYING COW RANCH ROAD	
CITY - ST - ZIP	LOXAHATCHEE FL 33470	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MERRIAM, FRANK	
STREET ADDRESS	16229 RUSTIC RD	
CITY - ST - ZIP	LOXAHATCHEE FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	ELIZABETH J. PIGADIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16198 RUSTIC RD	
STREET ADDRESS		LOXAHATCHEE FL 33470	
CITY - ST - ZIP			
TITLE	VD	LEE WRIGHT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		PO Box 369	
STREET ADDRESS		LOXAHATCHEE FL 33470	
CITY - ST - ZIP			
TITLE	SD	SECTY/TAGAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Phyllis R. Eisman	
STREET ADDRESS		16720 Hollow Tree Lane	
CITY - ST - ZIP		LOXAHATCHEE FL 33470	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/01 561 790 3115

CR2007 (10/00)