

# 2002 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

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

TITLE: PD  
NAME: PIGADIS, ELIZABETH J  
STREET ADDRESS: 16198 RUSTIC ROAD  
CITY-ST-ZIP: LOXAHATCHEE FL 33470

Delete

TITLE: STD  
NAME: REISMAN, PHYLIS  
STREET ADDRESS: 16720 HOLLOW TREE LANE  
CITY-ST-ZIP: LOXAHATCHEE FL 33470

Delete

TITLE: VDVP  
NAME: WRIGHT, LEE  
STREET ADDRESS: PO BOX 369  
CITY-ST-ZIP: LOXAHATCHEE FL 33470

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

## 11.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change  Addition

TITLE  
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: *Elizabeth J. Pigadis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02

Det

Daytime Phone #

CR2E037 (9/01)

0076234