

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 09, 2000 8:00 am
Secretary of State

05-15-2000 90154 001 ****61.25

DOCUMENT # N94000004753

1. Entity Name

RANCH PLACE SUBDIVISON PROPERTY OWNERS ASSOCIATI

Principal Place of Business

Mailing Address

3414 RANCH PLACE, BLVD
ZEPHYRHILLS FL 33541
US

3414 RANCH PLACE BLVD
ZEPHYRHILLS FL 33541-6671
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

59-3301406

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

SNYDER, STANLEY
3414 RANCH PLACE BLVD
ZEPHYRHILLS FL 33541

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	PD	<input type="checkbox"/> Delete
NAME	SNYDER, STANLEY	
STREET ADDRESS	3414 RANCH PLACE BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33629	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BEARD, BRIAN	
STREET ADDRESS	3029 RANCH PLACE BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARBIN, CINDY J	
STREET ADDRESS	9211 RIVERCOVE DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FRYMAN, MARY R.	
STREET ADDRESS	3248 RANCH PLACE BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRYMAN, HERBERT O.	
STREET ADDRESS	3219 RANCH PLACE BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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 information.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)