

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763073

1. Entity Name

THE RANCHES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90137 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8975 SOUTH FILLY POINT  
 P.O. BOX 0928  
 INVERNESS FL 32651-0928

8975 SOUTH FILLY POINT  
 P.O. BOX 0928  
 INVERNESS FL 34451-0928

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2244231

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

MONTELEONE, DIANE  
 9101 S FILLY PT.  
 INVERNESS FL 34452

Name

DAN E. McMULLEN

Street Address (P.O. Box Number is Not Acceptable)

9099 S. THOROUGHBRED PT.

City

INVERNESS,

FL

Zip Code

34452

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	SLEEP, MARTHA	
STREET ADDRESS	9005 S. FILLY PT	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	T	<input type="checkbox"/> Delete
NAME	MONTELEONE, DIANE	
STREET ADDRESS	9101 S FILLY PT.	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MONTELEONE, JOSEPH	
STREET ADDRESS	9101 S. FILLY PT.	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARPENTER, ELEANOR	
STREET ADDRESS	8974 S. FILLY PT.	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDINI, ANTHONY	
STREET ADDRESS	9100 THOUTOUUGHBRED PT	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, RAUL	
STREET ADDRESS	8975 S. FILLY PT.	
CITY-ST-ZIP	INVERNESS FL 34452	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN E. McMULLEN	
STREET ADDRESS	9099 S. THOROUGHBRED PT.	
CITY-ST-ZIP	INVERNESS, FL. 34452	
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
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:

*SIGNATURE REQUIRED* *[Signature]*

Date

Daytime Phone #

2/3/2000 352-810-1292

CR2E037 (9/99)