

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90016 009 \*\*\*\*61.25

**DOCUMENT # N39575**

1. Entity Name

**OAKHILL FARMS, UNIT III HOMEOWNERS ASSOCIATION,**

Principal Place of Business

Mailing Address

P.O. BOX 14955  
 TALLAHASSEE FL 32317-4955

P.O. BOX 14955  
 TALLAHASSEE FL 32317  
 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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, ROBERT**  
**1150 CORBY COURT E**  
**TALLAHASSEE FL 32311**

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 *Robert Anderson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*8/9/2000*

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

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	TD	<input type="checkbox"/> Delete
NAME	CHASE, RICHARD P	
STREET ADDRESS	1110 CORBY COURT, EAST	
CITY-ST-ZIP	TALLAHASSEE FL 60	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRUMPLER, AMY	
STREET ADDRESS	1104 CORBY CT E	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MEADOR, RICHARD	
STREET ADDRESS	1076 CORBY COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, ROBERT M	
STREET ADDRESS	P.O. BOX 14955	
CITY-ST-ZIP	TALLAHASSEE FL 32317-4955	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT M	
STREET ADDRESS	P.O. BOX 14955	
CITY-ST-ZIP	TALLAHASSEE FL 32317-4955	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CHASE, RICHARD P	
STREET ADDRESS	1110 CORBY COURT E	
CITY-ST-ZIP	TALLAHASSEE FL 60	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311 - 8160	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311 - 8159	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311 - 8159	
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:

*Robert M. Anderson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*8/9/2000*  
*850 - 414-3914*

CR2E037 (5/00)