

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **724384**

1. Entity Name, *Glen Oaks Ridge Owners Assoc., Inc.* ✓

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90030 039 ****61.25

Principal Place of Business Mailing Address
1215 GLEN OAKS DRIVE EAST
SARASOTA, FL 34232

A0033262

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **59-1690454** 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
Premium Resource Mgt. Inc.
627 Fontana Lane
Bradenton, FL 34209

7. Name and Address of New Registered Agent
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 *Michael Manning*
Signature, typed or printed name of registered agent and title if applicable.

3/9/01
DATE

(NOTE: Registered Agent signature required when reinstalling)

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 NAME STREET ADDRESS CITY-ST-ZIP
P. Schneider, Carl ☒ Delete
T. Herpel, Fred ☒ Delete
S. Hershberger, Sally ☒ Delete
Smith, Edie ☒ Delete
Worrad, Ed ☒ Delete
Paresi, Frank ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P. Smith, Edie ☒ Change ☐ Addition
T. Herpel, Fred ☒ Change ☐ Addition
VP Schroeder, Fran ☒ Change ☐ Addition
S. Hershberger, Sally ☒ Change ☐ Addition
Worrad, Ed ☒ Change ☐ Addition
Schneider, Carl ☒ Change ☐ Addition

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: *Edith B. Smith*

Edie Smith, Pres.

03/02/01

941-953-7511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)