

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770439

1. Entity Name

WELLS RIDGE TWO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1732 KINGSLEY AVE., STE. 202
ORANGE PARK FL 32073
US

Mailing Address

1732 KINGSLEY AVE., STE. 202
ORANGE PARK FL 32073-4413
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2373034

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALAN PERRY
1732 KINGSLEY AVE, STE 202
ORANGE PARK FL 32073

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

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 PALMER, MICHEAL ☒ Delete
STREET ADDRESS 85 DEBARRY AVE., #2043
CITY-ST-ZIP ORANGE FL

TITLE VD
NAME COOPERMAN, MARY ☒ Delete
STREET ADDRESS 85 DEBARRY AVENUE #2073
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE STD
NAME WIDMAIER, RICHARD ☒ Delete
STREET ADDRESS 85 DEBARRY AVE #2023
CITY-ST-ZIP ORANGE PARK FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Change ☒ Addition
NAME JUNE HILDEBRANDT
STREET ADDRESS 85 DeBarry Ave, #2053
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE DTS ☐ Change ☒ Addition
NAME Julie Sharrow
STREET ADDRESS 85 DeBarry Ave, #2032
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE DV ☐ Change ☒ Addition
NAME DENNIS BAILEY
STREET ADDRESS 85 DeBarry Ave, #2033
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: J. S. GRIFFIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2000 904-278-1971
Date Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE