

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07050

1. Entity Name

WOODBIDGE ESTATES ASSOCIATION, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90023 015 ****61.25

Principal Place of Business

2147 PORTER LAKE DR.
SARASOTA FL 34240

Mailing Address

2147 PORTER LAKE DR.
SARASOTA FL 34240-8887

2. Principal Place of Business
2685 MOSS OAK DRIVE

3. Mailing Address
2685 MOSS OAK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA, FLORIDA

City & State
SARASOTA, FLORIDA

4. FEI Number
65-0007520

Applied For
Not Applicable

Zip
34231

Country
SARASOTA

Zip
34231

Country
SARASOTA

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

SPRINGER, BILLY B
2147G PORTER LAKE DR.
SARASOTA FL 34240

DELETE

Name
JONES, WILLIAM E.
Street Address (P.O. Box Number is Not Acceptable)
2685 MOSS OAK DRIVE

City
SARASOTA, FL Zip Code
34231

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 _____ MAY 1, 2000
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPRINGER, BILLY B
2147G PORTER LAKE DR.
SARASOTA FL 34240 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
JONES, WILLIAM
2685 MOSS OAK DR
SARASOTA FL 34231 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPT:
HARDING, ROBERT
4137 MOSS OAK PLACE
SARASOTA FL 34231 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
VROSS, GERALD A
4109 MOSS OAK PLACE
SARASOTA FL 34231 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAS
FLEMING, ANN
2616 MOSS OAK DR
SARASOTA FL 34231 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
JOYCE ELLIS
2761 MOSS OAK DRIVE
SARASOTA, FL 34231 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: WILLIAM E. JONES *William E. Jones* MAY 1, 2000 (941) 366-8861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)