

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90357 008 ****70.00

DOCUMENT # N08812

1. Entity Name

WELLS RIDGE THREE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1732 KINGSLEY AVE., SUITE 202
 ORANGE PARK, FL 32073
 US**

**1732 KINGSLEY AVE., SUITE 202
 ORANGE PARK, FL 32073
 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

59-2564650

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BEULAH, RALPH	
STREET ADDRESS	85 DEBARRY AVE., 3045	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BOZZA, ALANA	
STREET ADDRESS	(85N) DEBARRY AVE #3046	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CARLSON, RAYMOND H	
STREET ADDRESS	85 DEBARRY AVE.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, ELISABETH	
STREET ADDRESS	85 DEBARRY AVE #3094	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KINDLAND, STEPHEN	
STREET ADDRESS	85 DEBARRY AVE #3062	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bozza, Alana	
STREET ADDRESS	85 Debarry Ave #3046	
CITY-ST-ZIP	Orange Park FL 32073	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gail Ritchson	
STREET ADDRESS	Galeo Lake Plantation Dr	
CITY-ST-ZIP	Jacksonville, FL 32044	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann Bradley	
STREET ADDRESS	85 Debarry Ave #3086	
CITY-ST-ZIP	Orange Park, FL 32073	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02

Date

Daytime Phone #

CR2E037 (9/01)