

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90114 018 ****61.25

DOCUMENT # N22534

1. Entity Name

BLUE RIDGE LANDING PROPERTY OWNERS' ASSOCIATION,

Principal Place of Business

Mailing Address

~~412 N.E. 16TH AVENUE~~
 LEE FL 32059
 US

P.O. BOX 812
 MADISON FL 32341-0812
 US

2. Principal Place of Business

Blue Ridge Landing Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2899587

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

LEE, DENNIS G.
412 N.E. 16TH AVENUE
GAINESVILLE FL 32601

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	PD	<input type="checkbox"/> Delete
NAME	LEWIS L. PIERCE SR.	
STREET ADDRESS	N/A P.O. BOX 52	
CITY-ST-ZIP	MADISON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROUSCH, FREDA	
STREET ADDRESS	P.O. BOX 269 N/A	
CITY-ST-ZIP	MADISON FL-32341	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVID JOHNS	
STREET ADDRESS	R.R. 1 BOX 2248 N/A	
CITY-ST-ZIP	LEE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KINTON, DORIS	
STREET ADDRESS	P.O. BOX 1003 N/A	
CITY-ST-ZIP	MADISON FL 32341	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, JEANETT	
STREET ADDRESS	PO BOX 115	
CITY-ST-ZIP	LEE, FL 32059	
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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/00

(850) 971-0020

Date

Daytime Phone #

CR2E037 (9/99)