

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90069 029 \*\*\*\*61.25

0061858

**DOCUMENT # N22534**

1. Entity Name

**BLUE RIDGE LANDING PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

**BLUE RIDGE LANDING DR  
 LEE FL 32059  
 US**

Mailing Address

**P.O. BOX 812  
 MADISON FL 32341  
 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 **59-2899587**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>PD LEWIS L. PIERCE SR.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>N/A P.O. BOX 52</b>	
CITY-ST-ZIP	<b>MADISON FL</b>	
TITLE NAME	<b>VD ROUSCH, FREDA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>P.O. BOX 269 N/A</b>	
CITY-ST-ZIP	<b>MADISON FL 32341</b>	
TITLE NAME	<b>TD DAVID JOHNS</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>R.R. 1 BOX 2248 N/A</b>	
CITY-ST-ZIP	<b>LEE FL</b>	
TITLE NAME	<b>SD ESTEP, JEANETTE A</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>21381 152 TRAIL</b>	
CITY-ST-ZIP	<b>LIVE OAK FL 32060</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>CONSTANCE D. PIERCE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>PO BOX 52</b>	
CITY-ST-ZIP	<b>MADISON, FL 32341</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**01/12/02**  
 Date

Daytime Phone #

CR2E037 (9/01)