

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46291

1. Entity Name

SILVER RIDGE SUBDIVISION HOMEOWNERS ASSOCIATION,

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90041 014 ****61.25

AUUGU0001



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
33832 SABAL WAY LEESBURG FL 34788 US		33832 SABAL WAY LEESBURG FL 34788-3558 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	59-3121703	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMPSON, HARRY 33832 SABAL WAY LEESBURG FL 34788		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 _____ (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	TITLE	
NAME	THOMPSON, HARRY	NAME	
STREET ADDRESS	33832 SABAL WAY	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	TITLE	
NAME	FRANKLIN, BO	NAME	
STREET ADDRESS	33737 SABAL WAY	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	TITLE	
NAME	MUNN, DENISE	NAME	
STREET ADDRESS	34041 VALENCIA DR	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	TITLE	
NAME	WHEELER, CINDY	NAME	
STREET ADDRESS	33741 SABAL WAY	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	JOHNSON, BEVERLY	NAME	
STREET ADDRESS	33839 VALENCIA DR.	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE: HARRY L. THOMPSON

1/8/2000 (352) 360-0876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #