

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90032 025 \*\*\*\*61.25

**DOCUMENT # N93000002242**

1. Entity Name

**STONERIDGE LANDING ASSOCIATION OF INVERNESS, INC**

Principal Place of Business

Mailing Address

5491 STONERIDGE DR  
 INVERNESS FL 34450

5491 STONERIDGE DR  
 INVERNESS FL 34450-8531  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3182514**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**SLAYMAKER, THOMAS E**  
**2218 HIGHWAY 44 WEST**  
**INVERNESS FL 34450**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BENEDICT, CHAUNCEY</b> <b>5505 S. STONERIDGE DR</b> <b>INVERNESS FL 34450</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LUPPERGER, LOIS</b> <b>8076 E. SPIKEMOSS LANE</b> <b>INVERNESS FL 34450</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HOLLOWAY, D. COLVIN</b> <b>5524 S. STONERIDGE DR</b> <b>INVERNESS FL 34450</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKOS, ROGER</b> <b>53693 S. STONERIDGE DR</b> <b>INVERNESS FL 34450</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONNELLY, BONNIE</b> <b>5457 S. STONERIDGE DR</b> <b>INVERNESS FL 34450</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAKOS, RENNY</b> <b>5393 S. STONERIDGE DR</b> <b>INVERNESS FL 34450</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Robert Carlson</b> <b>5531 S. Winged Elm Way</b> <b>Inverness, FL 34450</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Wesley Weston</b> <b>5521 S. Landing Terr.</b> <b>Inverness, FL 34450</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>D. CALVIN HOLLOWAY</b> <b>5524 S. STONERIDGE DR</b> <b>INVERNESS, FL 34450</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>(change in name spelling)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BILL CANNON</b> <b>5356 S. STONERIDGE DR.</b> <b>INVERNESS, FL 34450</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHIALEY SMITH</b> <b>5401 S. STONERIDGE DR.</b> <b>INVERNESS, FL 34450</b>	<input checked="" 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: D. Calvin Holloway **D. CALVIN HOLLOWAY** 01-18-2000 852-344-3916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)