

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000434

1. Entity Name

RIDGEFIELD HOMEOWNERS ASSOCIATION OF ESCAMBIA, I

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90165 037 ****61.25

Principal Place of Business: P.O. BOX 10370, PENSACOLA FL 32524
 Mailing Address: P.O. BOX 10370, PENSACOLA FL 32524-0370



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-3296914**
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MINCHEW, JULIAN P
8385 BANBERRY RD
PENSACOLA FL 32514

7. Name and Address of New Registered Agent
 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: *Julian P Minchew* DATE: *10 Jan 2000*
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	
TITLE NAME DS TATE, SUE	<input type="checkbox"/> Delete
STREET ADDRESS 8360 PILGRIM RD	
CITY-ST-ZIP PENSACOLA FL	
TITLE NAME DT HULLETT, LARRY W	<input type="checkbox"/> Delete
STREET ADDRESS 8349 PILGRIM RD	
CITY-ST-ZIP PENSACOLA FL 32514	
TITLE NAME D DECHAMPLAIN, LEWIS	<input type="checkbox"/> Delete
STREET ADDRESS 8165 STRASBURG RD	
CITY-ST-ZIP PENSACOLA FL	
TITLE NAME D BUTTS, CHARLES E	<input type="checkbox"/> Delete
STREET ADDRESS 4233 CROYDON RD.	
CITY-ST-ZIP PENSACOLA FL 32514	
TITLE NAME DP MINCHEW, JULIAN P	<input type="checkbox"/> Delete
STREET ADDRESS 8385 BANBERRY RD	
CITY-ST-ZIP PENSACOLA FL 32514	
TITLE NAME D HELM, SHERRELL	<input type="checkbox"/> Delete
STREET ADDRESS 8140 FORDHAM DR	
CITY-ST-ZIP PENSACOLA FL 32514	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<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: *Julian P Minchew* DATE: *1/10/00* (850) 476-3276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)