

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

00 MAR -9 AM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # . N98000006197

1. Entity Name

GOLF RIDGE OF ORLANDO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ORLANDO, FL

PO BOX 691316  
ORLANDO, FL 32869-1316

2. Principal Place of Business

1212-SHIAWASSEE ROAD

3. Mailing Address

Suite, Apt. #, etc.

#516

City & State

ORLANDO, FL 32835

City & State

Zip

Country

Zip

Country

32835

USA

DO NOT WRITE IN THIS SPACE  
03:09:00 90111 050 61.25

4. FEI Number

59-2855110

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL LEQVE  
7828 WHITE ASH ST  
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name  
HEAD, M PATRICIA  
Street Address (P.O. Box Number is Not Acceptable)  
1212 S HIAWASSEE ROAD  
#516  
City ORLANDO FL Zip Code 32835

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 M. Patricia Head M. Patricia Head 2/15/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGER, JASON D 1212-538 S HIAWASSEE ROAD ORLANDO, FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D WRIGHT, JEANETTE W 1212-537 S HIAWASSEE ROAD ORLANDO, FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEAD, M PATRICIA 1212-516 S HIAWASSEE ROAD ORLANDO, FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOLLINGHOFF, PATRICIA A 1212-535 S HIAWASSEE ROAD ORLANDO, FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURDEN, FRANCES D 1212-526 S HIAWASSEE ROAD ORLANDO, FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Patricia Head M. Patricia Head 2/15/2000 407-294-9228  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

3/15