

2000 UNIFORM BUSINESS REPORT (UBR)

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

FILED

00 MAR -9 AM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1212-SHIAWASSEE ROAD

3. Mailing Address

Suite, Apt. #, etc.

#516

City & State

ORLANDO, FL 32835

Zip

32835

Country

USA

Zip

Country

DO NOT WRITE IN THIS SPACE

03.09.00 9011 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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-294-9228

CR2E034 (9/99)

3/15