

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90092 036 \*\*\*\*\*70.00

**DOCUMENT # N00000002166**

1. Entity Name

**SUNRISE RIDGE OWNERS ASSOCIATION, INC.**



Principal Place of Business

**2215 E STATE RD 200  
YULEE FL 32097**

Mailing Address

**PO BOX 1987  
YULEE FL 32097**

2. Principal Place of Business

**2581 Sunrise Ridge Ln.**  
Suite, Apt. #, etc.

3. Mailing Address

**2581 Sunrise Ridge Ln.**  
Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

4. FEI Number **59-3635168**

Applied For

Not Applicable

Zip

**32211-4377**

Country

**US**

Zip

**32211-4377**

Country

**US**

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**POWELL, TERRELL J  
2215 E. STATE RD 200  
YULEE FL 32097**

7. Name and Address of New Registered Agent

Name

**Richard Mote**  
Street Address (P.O. Box Number is Not Acceptable)

**2581 Sunrise Ridge Lane**

City

**Jacksonville**

FL

Zip Code

**32211-4377**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Richard A. Mote*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **MATOVINA, GREGORY E**  
STREET ADDRESS **2955 HARTLEY RD, SUITE 108**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **VTD** ☒ Delete  
NAME **BORSTEIN, DONALD K**  
STREET ADDRESS **2955 HARTLEY RD, SUITE 108**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **SD** ☒ Delete  
NAME **MATOVINA, LESLIE H**  
STREET ADDRESS **2955 HARTLEY RD, SUITE 108**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **Richard Mote**  
STREET ADDRESS **2581 Sunrise Ridge Lane**  
CITY-ST-ZIP **Jacksonville, Florida 32211-4377**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Bradley Gilbertson**  
STREET ADDRESS **2644 Sunrise Ridge Lane**  
CITY-ST-ZIP **Jacksonville, Florida 32211-4377**

TITLE **STD** ☒ Change ☐ Addition  
NAME **Charmaine McQueen**  
STREET ADDRESS **2534 Sunrise Ridge Lane**  
CITY-ST-ZIP **Jacksonville, Florida 32211-4377**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Richard A. Mote* **Richard Mote**

**(904) 744-2277**

CR2E037 (10/02)