

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90020 002 \*\*\*150.00

**DOCUMENT # 692560**

1. Entity Name

**LIBERTY RIDGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**PO BOX 124**  
**WOODVILLE FL 32362-0124****PO BOX 124**  
**WOODVILLE FL 32362-0124**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3053275**☐ 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

**HARRIS, WILLIAM D**  
**9000 WARBLER ST.**  
**TALLAHASSEE FL 32310**

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

**WILLIAM D. HARRIS**

Signature, typed or printed name of registered agent and title if applicable.

**TREASURER**

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/7/00**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 **TD** ☐ Delete  
NAME **HARRIS, WILLIAM D.**  
STREET ADDRESS **9000 WARBLER ST.**  
CITY-ST-ZIP **TALLAHASSEE FL**TITLE **PD** ☐ Delete  
NAME **HUSSEY, JULYN**  
STREET ADDRESS **9133 WARBLER ST.**  
CITY-ST-ZIP **TALLAHASSEE FL**TITLE **SD** ☐ Delete  
NAME **ROHR, HARRY**  
STREET ADDRESS **931 SORA RD**  
CITY-ST-ZIP **TALLAHASSEE FL**TITLE **D** ☐ Delete  
NAME **HUSSEY, TRAVIS**  
STREET ADDRESS **9133 WARBLER STREET**  
CITY-ST-ZIP **TALLAHASSEE FL**TITLE **D** ☐ Delete  
NAME **DALE ROBINSON**  
STREET ADDRESS **9084 WARBLER ST.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32310**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **DALE ROBINSON**  
CITY-ST-ZIP **9084 WARBLER STREET**  
**TALLAHASSEE, FL 32310**TITLE ☐ Change ☐ 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 live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/2000**

Date

**350-421-2207**

Daytime Phone #