

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736165

1. Entity Name

PINE RIDGE ESTATES PROPERTY OWNER'S ASSOCIATION,

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90119 038 ****61.25

Principal Place of Business

Mailing Address

1011 NE 48 RD
OCALA FL 34470-1107
US

PO BOX 820
SILVER SPRINGS FL 34489-0820
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1764264

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, ROSE M.
4721 NE 11TH ST
OCALA FL 34470

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
SULLIVAN, DUKE
4851 NE 9TH ST
OCALA FL 34470 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President & Director
GAIL M. Rice
4830 N.E. 11th Street
OCALA FL 34470 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
BENNETT, ROSE M
4721 NE 11TH ST
OCALA FL 34470 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
VOIGT, JEAN
911 NE 48TH AVE
OCALA FL 34470 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP & D
Mike Wilkinson
4731 N.E. 10th St
OCALA FL 34470 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
RAUSE, MAVIS
815 NE 48TH AVE
OCALA FL 34470 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
Louis Rausei
815 N.E. 48th Ave Rd
OCALA FL 34470 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GARRISON, CELIA
910 NE 48TH AVE
OCALA FL 34470 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
NICHOLS, TED
4710 N.E. 10th ST
OCALA FL 34470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Ted Nichols
4710 N.E. 10th St
OCALA FL 34470 ☒ Change ☐ Addition

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:

ROSE M. BENNETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00

352-236-4485

Date

Daytime Phone #

CR2E037 (9/99)