

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736165

1. Entity Name

PINE RIDGE ESTATES PROPERTY OWNER'S ASSOCIATION,

**FILED**  
Aug 09, 2001 8:00 am  
Secretary of State

08-09-2001 90046 022 \*\*\*\*61.25

0014890

Principal Place of Business 1011 NE 48 RD OCALA FL 34470-1107 US		Mailing Address PO BOX 820 SILVER SPRINGS FL 34488 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1764264		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BENNETT, ROSE M. 4721 NE 11TH ST OCALA FL 34470		7. Name and Address of New Registered Agent Name MIKE WILKINSON Street Address (P.O. Box Number is Not Acceptable) 4731 NE 10 ST City Ocala FL Zip Code 34470	
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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 MIKE WILKINSON *Mike Wilkinson* 7/30/01  
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 After September 12, 2001, min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME RICE, GAIL M STREET ADDRESS 4830 NE 11TH ST CITY-ST-ZIP Ocala FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT NAME BENNETT, ROSE M STREET ADDRESS 4721 NE 11TH ST CITY-ST-ZIP Ocala FL 34470 <input checked="" type="checkbox"/> Delete	TITLE VICE PRES + DIRECTOR NAME DAWN MACISAAC STREET ADDRESS 4801 NE 10 ST. CITY-ST-ZIP Ocala, FL 34470 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME WILKINSON, MIKE STREET ADDRESS 4731 NE 100ST CITY-ST-ZIP Ocala FL 34470 <input type="checkbox"/> Delete	TITLE TREASURER + DIRECTOR NAME MIKE WILKINSON STREET ADDRESS 4731 NE 10 ST. CITY-ST-ZIP Ocala, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DV NAME RAUSE, MAVIS STREET ADDRESS 815 NE 48TH AVE CITY-ST-ZIP Ocala FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GARRISON, CELIA STREET ADDRESS 910 NE 48TH AVE CITY-ST-ZIP Ocala FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP NAME NICHOLS, TED STREET ADDRESS 4710 N.E. 10TH ST CITY-ST-ZIP Ocala FL 34470 <input type="checkbox"/> Delete	TITLE SECRETARY + DIRECTOR NAME TED NICHOLS STREET ADDRESS 4710 NE 10 ST. CITY-ST-ZIP Ocala, FL 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *M. Wilkinson* RE MIKE WILKINSON 7/30/01 352 236-2449

CR2E037 (5/01)