

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90043 016 ****61.25

DOCUMENT # 736165

1. Entity Name

**PINE RIDGE ESTATES PROPERTY OWNER'S ASSOCIATION,
INCORPORATED**

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 ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILKINSON, MIKE
4731 NE 10TH 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: FEE 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	PD	<input type="checkbox"/> Delete
NAME	RICE, GAIL M	
STREET ADDRESS	4830 NE 11TH ST	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WILKINSON, MIKE	
STREET ADDRESS	4731 NE 10 ST	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MACISAAC, DAWN	
STREET ADDRESS	4801 NE 10 ST	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RAUSE, MAVIS	
STREET ADDRESS	815 NE 48TH AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRISON, CELIA	
STREET ADDRESS	910 NE 48TH AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NICHOLS, TED	
STREET ADDRESS	4710 N.E. 10TH ST	
CITY-ST-ZIP	OCALA FL 34470	

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

WILKINSON, MIKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 8, 2002 352 347-2333
Date Daytime Phone #

CR2E037 (9/01)