

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739990

1. Entity Name

PINERIDGE I OWNERS ASSOCIATION, INC.

Principal Place of Business

4010 NEWBERRY RD.  
SUITE A  
GAINESVILLE FL 32607  
US

Mailing Address

4010 NEWBERRY RD.  
SUITE A  
GAINESVILLE FL 32607  
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

59-1762894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VUKSON, MICHAEL H  
5700-7 NW 34TH STREET EXTN  
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

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 SD  
NAME PATERSON, JEROME A  
STREET ADDRESS 5801 NW 83RD TERR  
CITY-ST-ZIP GAINESVILLE, FL 00000 ☐ Delete

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

TITLE PD  
NAME VUKSON, MICHAEL H  
STREET ADDRESS 5700-7 NW 34TH ST EXTN  
CITY-ST-ZIP GAINESVILLE, FL 00000 ☐ Delete

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

TITLE TD  
NAME MARTIN, DAVID E.  
STREET ADDRESS 330 NW 46TH ST.  
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90932 011 \*\*\*\*61.25

545949



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)