

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745339

1. Entity Name

THE RAVINES COMMUNITY ASSOCIATION, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90097 048 ****61.25

Principal Place of Business

Mailing Address

STATE ROAD 218
P.O. BOX 649
MIDDLEBURG FL 32050-7649

STATE ROAD 218
P.O. BOX 649
MIDDLEBURG FL 32073-4632

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1202 Kingsley Ave

Suite, Apt. #, etc.

1202 Kingsley Ave

City & State

Orange Park, FL

City & State

Orange Park, FL

Zip

32073

Country

Zip

32073

Country

4. FEI Number

59-1972679

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

WILLIAMS, GRADY H JR
1279 KINGSLEY AVENUE, SUITE 117
ORANGE PARK FL 32073

Name

Jane Allen Hall

Street Address (P.O. Box Number is Not Acceptable)

1202 Kingsley Avenue

City

Orange Park

FL

Zip Code

32073

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

Jane Allen Hall Jane Allen Hall

3-21-00

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 P
NAME MAZZOLA, MARILYN
STREET ADDRESS 2932 RAVINES RD
CITY-ST-ZIP MIDDLEBURG FL ☒ Delete

TITLE PD
NAME Senhart Needet
STREET ADDRESS 411 1st Street S.
CITY-ST-ZIP Jacksonville Beach, FL 32050 ☐ Change ☒ Addition

TITLE VPD
NAME MONAHAN, STEPHEN
STREET ADDRESS 2932 RAVINES RD
CITY-ST-ZIP MIDDLEBURG FL ☒ Delete

TITLE VPD
NAME Edgerton William
STREET ADDRESS P.O. Box 1153
CITY-ST-ZIP Orange Park, FL 32067 ☐ Change ☒ Addition

TITLE TD
NAME SADO, HIROYUKI
STREET ADDRESS 2932 RAVINES RD
CITY-ST-ZIP MIDDLEBURG FL ☒ Delete

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

TITLE D
NAME PRIGER, LORI
STREET ADDRESS 2861 RAVINES RD
CITY-ST-ZIP MIDDLEBURG FL ☐ Delete

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

TITLE S
NAME SADO, HIROYUKI
STREET ADDRESS 2932 RADES ROAD
CITY-ST-ZIP MIDDLEBURG 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

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:

William L Edgerton William L Edgerton 3-21-00 904-264-6310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)