

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002736

1. Entity Name

PINECRAFT SUBDIVISION ASSOCIATION, INC.

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90019 006 \*\*\*\*61.25

09-12-2001 90012 005 \*\*\*\*61.25

0014460

Principal Place of Business

1552 GOOD AVENUE  
 SARASOTA FL 34239

Mailing Address

1552 GOOD AVENUE  
 SARASOTA FL 34239

00063140



DO NOT WRITE IN THIS SPACE

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

65-1068208

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIDDELL, JEFFERSON F  
 3400 S TAMiami TRAIL  
 SARASOTA FL 34239

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**  
**After September 12, 2001, min. will be \$236.25**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMOKER, BENJAMIN K	
STREET ADDRESS	1552 GOOD AVENUE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMUCKER, SAM	
STREET ADDRESS	1552 GOOD AVENUE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FARMWALD, JOHN	
STREET ADDRESS	1552 GOOD AVENUE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GLICK, ELMER	
STREET ADDRESS	1552 GOOD AVENUE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	GINGERICH, MOSE	
STREET ADDRESS	1552 GOOD AVENUE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	YODER, JERRY	
STREET ADDRESS	1552 GOOD AVENUE	
CITY-ST-ZIP	SARASOTA FL 34239	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Benjamin K Smoker* Pres. 9-1-01 717-656-2795

CR2E037 (5/01)