

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 13, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000002768**

1. Entity Name  
 EASTRIDGE LOT OWNERS ASSOCIATION, INC.

Principal Place of Business  
 301 N. U.S. HWY. 27, STE. G  
 CLERMONT FL 34711

Mailing Address  
 301 N. U.S. HWY. 27, STE. G  
 CLERMONT FL 34711

2. Principal Place of Business  
 PMB # 272  
 Suite, Apt. #, etc.  
 614 E. HWY 50  
 City & State  
 CLERMONT FL

3. Mailing Address  
 PMB # 272  
 Suite, Apt. #, etc.  
 614 E. HWY 50  
 City & State  
 CLERMONT FL

Zip  
 34711  
 Country

Zip  
 34711  
 Country

4. FEI Number  
**91-2084888**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 GAMMON FRANK M  
 301 N. U.S. HWY. 27, STE. G  
 CLERMONT FL 34711

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 \_\_\_\_\_ DATE **05/13/2001**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS SANDI 301 N. U.S. HWY. 27, STE. G CLERMONT FL 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NORTHCUTT SUSAN 301 N. U.S. HWY. 27, STE. G CLERMONT FL 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAMMON FRANK M 301 N. U.S. HWY. 27, STE. G CLERMONT FL 34711 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TERVO DANIEL 886 SCENIC VIEW CIRCLE CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SANTUCCI DAVID 936 SCENIC VIEW CIRCLE CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIEM JOHN 936 SCENIC VIEW CIRCLE CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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)(f), 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: Daniel Teryo** D **05/13/2001**

CR2E037 (11/00)