

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18201

1. Entity Name

SEMINOLE RIDGE BOAT RAMP ASSOCIATION, INC.

Principal Place of Business

Mailing Address

648 SE 4TH AVENUE
MELROSE FL 32666
US

648 SE 4TH AVENUE
MELROSE FL 32666-5426
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

59-2762205

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

Name

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

City

FL

Zip Code

SMITH, HOLLIE M
648 SE 4TH AVENUE
MELROSE FL 32666

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 D ☐ Delete
NAME WORLEY, PHILIP R
STREET ADDRESS 635 SE 4TH AVENUE
CITY-ST-ZIP MELROSE FL 32666

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

TITLE VPD ☒ Delete
NAME MCDAVID, RICHARD
STREET ADDRESS 8666 OAKVIEW ROAD
CITY-ST-ZIP MELROSE FL 32666

TITLE ☒ Change ☐ Addition
NAME V/D
STREET ADDRESS Curtis Childers
CITY-ST-ZIP 618 SE 4th Ave.
Melrose, FL 32666

TITLE PDD ☒ Delete
NAME SMITH, RICHARD
STREET ADDRESS 648 SE 4TH AVENUE
CITY-ST-ZIP MELROSE FL 32666

TITLE ☒ Change ☐ Addition
NAME S/T/D
STREET ADDRESS Hollie M. Smith
CITY-ST-ZIP 648 SE 4th Ave.
Melrose, FL 32666

TITLE D ☐ Delete
NAME KILBY, ROBERT
STREET ADDRESS 523 SE 3RD AVE
CITY-ST-ZIP MELROSE FL 32666

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

TITLE PD ☐ Delete
NAME CHESTNUT, WILLIAM
STREET ADDRESS 359 SE 4TH AVENUE
CITY-ST-ZIP MELROSE FL 32666

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS William Grab
CITY-ST-ZIP 564 SE 4th Ave.
Melrose, FL 32666

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:

HOLLIE M. Smith

Date

1/6/00 (352) 475-3087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #