## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **N18201**

I. Entity Name

SEMINOLE RIDGE BOAT RAMP ASSOCIATION, INC.

**FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90830 019 \*\*\*\*61.25

					OB WE							
S48 SE 4TH AVENUE 648 SE			ailing Address 8 SE 4TH AVENUE ELROSE FL 32666 S				144 HADI <b>4</b> 81 H <b>E</b> 1					
2. Principal Pla	ace of Business	Mailing Address			I							
Suite, Apt. #, etc. Su			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
			ity & State			4 FEI	4. FEI Number 59-2762205 Applied For					
City & State Ci			.y a state				Not Ap.					
Zip Country Zi			p Country			<b>5</b> . Cer	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of C	urrent Registere	d Agent	l		7. Nan	ne and Addre	ess of New R	egistered A	gent		
	0. 114.110			1	Name							
-SMITH, H	OLLIE M	. <u></u>		<u>-</u>	Street Ad	dress (P.O. Box	Number is No	ot Acceptable	)			
	TH AVENUE			Į	-	<u></u>						ĺ
MELROSE	FL 32666			1								ĺ
				Ī	City				FL	Zip Code	•	ĺ
	<u> </u>					registered acent	or both in ti	na State of Flo	• -	amiliar with.	and accept	1
<ol><li>The above the obligation</li></ol>	named entity submits this state ons of registered agent.	ement for the purp	ose of changing its	registere	a onice or i	registered agent	., 01 0001, 111 0	e State of 1 to	inoa. Tam	Quintal training		l
trie obligati	ona or registered agorii.											
SIGNATURE .	(A) A											
SIGNATURE .	Signature, typed or printed name of registe	ered agent and title if app	licable. (NOT	E: Registered	Agent signatur	re required when reinst	ating)		DATE			i
V = N	The state of the s			-								1
FILE NOW: FEE IS \$61.25			9. Election Car				May Be			k Payable		
and the second s			Trust Fund (	Contribution	on. L	Added t	to Fees	Floric	a Depar	tment of S	state	
ye ş		AND DIDECTORS		11.		ADDITIO	NS/CHANGE	S TO OFFICE	RS AND DI	RECTORS IN	10	
10.	VPD OFFICERS	AND DIRECTORS		TITLE		1. /	110/01//11/02	0.10 011.00		Change	Addition	8
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STREET ADDRESS	618 SE 4TH AVE			9	T ADDRESS	, :						37 (
CITY-ST-ZIP	MELROSE FL 32666			CITY-	ST-ZIP							[2
TITLE	PDD		☐ Delete	TITLE		5/D				Change	Addition	18
NAME	SMITH, HOLLIE M			NAMI		210				, -		-
STREET ADDRESS	648 SE 4TH AVENUE				ET ADDRESS							
CITY-ST-ZIP	MELROSE FL 32666			CITY	·ST-ZIP				<del></del>	N-300		-
TITLE	PD		☐ Delete	TITLE	l l	$\triangleright$				Change	☐ Addition	
NAME	CHESTNUT, WILLIAM			NAM STRE	ET ADDRESS <sup>3</sup>							-
"STREET ADDRESS" CITY-ST-ZIP	359 SE 4TH AVENUE				-ST-ZIP							ì
	MELROSE FL 32666		☐ Delete	TITLE		0/-	<u> </u>	·	***	Change	Addition	
TITLE NAME	D GRAB, WILLIAM		L Delete	, NAM	i	V/D				-		
STREET ADDRESS	564 SE 4TH AVENUE				ET ADDRESS	•						
CITY-ST-ZIP	MELROSE FL 32666			CITY	-ST-ZIP							1
TITLE			☐ Delete	TITL	⇒D	Dorda	n R	Rav		☐ Change	Addition	
NAME				NAM		)Jorda 605 :	~ ~ ~	LL A			-	
STREET ADDRESS					ET ADDRESS	W6/10	 ? エン		11.			
CITY-ST-ZIP	<u></u>	<del></del>		CITY	-ST-ZIP	1.61.05	76 + F	J976	ωφ <u> </u>			1
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NAME				NAM STRE	E Et address							
STREET ADDRESS					-ST-ZIP							
CITY-ST-ZIP				5,,,,	J. 411							4

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: DECEMPANTE SOURED