

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27365

1. Entity Name

RIDGEMOORE HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90007 034 ****61.25

Principal Place of Business

Mailing Address

2180 WEST SR 434
5000
LONGWOOD FL 32779
US

2180 WEST SR 434
5000
LONGWOOD FL 32779
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

59-2954289

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

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

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

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 VPD ☒ Delete
NAME HOLLIMAN, KEITH
STREET ADDRESS 7948 BRIDGESTONE DR
CITY-ST-ZIP ORLANDO FL 32835

TITLE VD ☐ Change ☒ Addition
NAME GRIFFIN, BILL
STREET ADDRESS 8019 BRIDGESTONE DR
CITY-ST-ZIP ORLANDO FL 32835

TITLE PF ☐ Delete
NAME MATZUK, STEPHEN
STREET ADDRESS 1336 SADDLERIDGE DR
CITY-ST-ZIP ORLANDO FL

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ORLANDO FL 32835

TITLE SD ☒ Delete
NAME HOLLIMAN, AUDREY
STREET ADDRESS 7948 BRIDGESTONE DR
CITY-ST-ZIP ORLANDO FL 32835

TITLE DP ☐ Change ☒ Addition
NAME ZWEIFEL, JAMES
STREET ADDRESS 1361 SADDLERIDGE DR
CITY-ST-ZIP ORLANDO FL 32835

TITLE D ☐ Delete
NAME MCCLOSKEY, LARRY
STREET ADDRESS 7948 BRIDGESTONE DR
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☒ Change ☐ Addition
NAME MCCLOSKEY, LARRY
STREET ADDRESS 7942 BRIDGESTONE DR
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SAYRE, LANCE
STREET ADDRESS 7984 BRIDGESTONE DR
CITY-ST-ZIP ORLANDO FL 32835

TITLE SD ☐ Change ☒ Addition
NAME SHURE, SHANNON
STREET ADDRESS 1414 COUNTRYRIDGE PL
CITY-ST-ZIP ORLANDO FL 32835

TITLE D ☒ Delete
NAME CARIDI, MIKE
STREET ADDRESS 7867 BRIDGESTONE DR
CITY-ST-ZIP ORLANDO FL 32835

TITLE TD ☐ Change ☒ Addition
NAME SCHECHER, GARY
STREET ADDRESS 1342 SADDLERIDGE DR
CITY-ST-ZIP ORLANDO FL 32835

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:

SIGNATURE: *STEPHEN MATZUK* / 26/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)