

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29481

1. Entity Name

HIDDEN OAKS ASSOCIATION, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91622 016 ****61.25

Principal Place of Business

C/O RALPH P. BRYAN
925-D NORTH TEMPLE AVENUE
STARKE FL 32091

Mailing Address

5700 SW 34TH ST. #1307
GAINESVILLE FL 32608
US

2. Principal Place of Business

3. Mailing Address

20725 SW 46th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Newberry

Zip

Country

Zip

Country

FL

32609

4. FEI Number

59-2961420

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

BRYAN, RALPH P.
925-D NORTH TEMPLE AVENUE
STARKE FL 32091

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 ☐ Delete
NAME DAVIS, RONNIE C.
STREET ADDRESS 5700 SW 34 ST., #1307
CITY-ST-ZIP GAINESVILLE FL

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

TITLE ☐ Delete
NAME SHAW, EUGENE F.
STREET ADDRESS 925-E NORTH TEMPLE AVE.
CITY-ST-ZIP STARKE FL

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

TITLE ☐ Delete
NAME BRYAN, RALPH
STREET ADDRESS 925-D NORTH TEMPLE AVE.
CITY-ST-ZIP STARKE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)