

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30683

1. Entity Name

INDIAN RIDGE PROPERTY OWNERS' ASSOCIATION, INC.

R

Principal Place of Business

C/O NANCY RENAULD
P.O. BOX 974
KATHLEEN FL 33849
US

Mailing Address

C/O NANCY RENAULD
P.O. BOX 974 N/A
KATHLEEN FL 33849
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2942233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RENAULD, NANCY
8642 INDIAN RIDGE WAY
LAKELAND FL 33809

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

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

After September 13, 2000 min. will be \$236.25

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 STD ☐ Delete
NAME RENAULD, NANCY
STREET ADDRESS 8642 INDIAN RIDGE WAY
CITY-ST-ZIP LAKELAND FL 33810

TITLE D ☒ Delete
NAME SCHAFER, CHARLES
STREET ADDRESS 8602 INDIAN RIDGE WAY
CITY-ST-ZIP LAKELAND FL 33810

TITLE P ☐ Delete
NAME RENAULD, VICTOR
STREET ADDRESS 8642 INDIAN RIDGE WAY
CITY-ST-ZIP LAKELAND FL 33810

TITLE VD ☒ Delete
NAME PATTERSON, ROBERT
STREET ADDRESS 8653 INDIAN RIDGE WAY
CITY-ST-ZIP LAKELAND FL 33810

TITLE D ☐ Delete
NAME PATTERSON, LINDA
STREET ADDRESS 8653 INDIAN RIDGE WAY
CITY-ST-ZIP LAKELAND FL 33810

TITLE D ☐ Delete
NAME SCHAFER, LAURA
STREET ADDRESS 8602 INDIAN RIDGE WAY
CITY-ST-ZIP LAKELAND FL 33810

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☒ Change ☒ Addition
NAME DURVILL COOK
STREET ADDRESS 8524 INDIAN RIDGE TRAIL
CITY-ST-ZIP LAKELAND FL 33810

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

TITLE VD ☒ Change ☒ Addition
NAME COOK - PAT
STREET ADDRESS 8524 INDIAN RIDGE TRAIL
CITY-ST-ZIP LAKELAND FL 33810

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-00

Date

863-853454

Daytime Phone #

CR2E037 (5/00)



DO NOT WRITE IN THIS SPACE