

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31542

1. Entity Name

HIGH RIDGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

PO BOX 1842
KEYSTONE HEIGHTS FL 32656
US

Mailing Address

PO BOX 1842
KEYSTONE HEIGHTS FL 32656
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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

A0006880



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREEN, LLOYD A.
R.R. 335 S.E. LAKEVIEW
KEYSTONE HEIGHTS FL 32656

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DAVISON, COLLEEN 6319 BAYL DR AVE KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOOMBS, CARL 6320 TULANE AVE KEYSTONE HEIGHTS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMPSON, PAT 6414 BUCKNELL AVE KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRY, DOT 7243 CITADEL ST KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOOMBS, DARLENE 6320 TULANE AVE KEYSTONE HGTS FL 32656	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DARLENE TOOMBS 6320 TULANE KEYSTONE HTS. FL 32656	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

COLLEEN DAVISON

Date

Daytime Phone #

1/8/01 473-2842

0021245

CR2E037 (10/00)