

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46321

1. Entity Name

RIES ROAD HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90004 010 \*\*\*\*61.25

Principal Place of Business

3131 RIES ROAD  
LAUREL HILL FL 32567  
US

Mailing Address

3131 RIES ROAD  
LAUREL HILL FL 32567  
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

59-3100967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, DEBRA  
3131 RIES ROAD  
LAUREL HILL FL 32567

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ADAMS, DEBRA  
3131 RIES ROAD  
LAUREL HILL FL 32567 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
STEPHENS, PATRICIA  
3145 RIES ROAD  
LAUREL HILL FL 32567 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
JOORDAN, SARAH  
3144 RIES RD  
LAUREL HILL FL 32567 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
Jordan, Sarah  
3144 RIES Road  
Laurel Hill, FL 32567 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GAY, CARL  
3145 RIES ROAD  
LAUREL HILL FL 32567 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CASTLEBERRY, DONNIE  
3136 RIES ROAD  
LAUREL HILL FL 32567 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: *Debra Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-01 (850) 652-2158

Date

Daytime Phone #

CR2E037 (10/00)