## 2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2002 8:00 am Secretary of State **DOCUMENT # N46321** 1. Entity Name RIES ROAD HOMEOWNERS ASSOCIATION, INC. 04-24-2002 90385 026 \*\*\*\*61.25 Principal Place of Business Mailing Address 3131 RIES ROAD 3131 RIES ROAD LAUREL HILL FL 32567 LAUREL HILL FL 32567 HS US Principal Place of Business 3. Mailing Address 213 le Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3100967 aurel Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ADAMS, DEBRA 3131 RIES ROAD LAUREL HILL FL 32567 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 $\Box$ Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete (9/01)TITLE ADAMS, DEBRA NAME Castleberry NAME STREET ADDRESS 3131 RIES ROAD 3136 Pries STREET ADDRESS CITY-ST-ZIP Laurel Hill FL 32567 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition STEPHENS, PATRICIA NAME NAME STREET ADDRESS 3145 RIES ROAD STREET ADDRESS CITY-ST-ZIP LAUREL HILL FL 32567-CITY\_ST-ZIP == STD ☐ Delete TITLE ☐ Change ☐ Addition JOORDAN, SARAH NAME NAME 3144 REIS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Laurel Hill FL 32567 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition GAY, CARL NAME STREET ADDRESS 3145 RIES ROAD STREET ADDRESS CITY-ST-ZIP LAUREL HILL FL 32567 CITY-ST-ZIP TITLE Delete TITLE TH Change ☐ Addition CASTLEBERRY, DONNIE NAME NAME 3136 RIES ROAD Ries STREET ADDRESS STREET ADDRESS CITY-ST-ZIE LAUREL HILL FL 32567 CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #