

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46720

1. Entity Name

GENESIS COMMUNITIES OF RIDGEWOOD HOME OWNER'S AS

Principal Place of Business

P.O. BOX 700
ELLENTON FL 34222

Mailing Address

2904 CITRUS COURT
ELLENTON FL 34222-4336
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

65-0301554

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

YARBRO, ROBERT L
2904 CITRUS CT
ELLENTON FL 34222

Name

CUNDIFF, VERNON

Street Address (P.O. Box Number is Not Acceptable)

3017 PINDO PALM PL.

City

ELLENTON

FL

Zip Code

34222

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 P
NAME YARBRO, ROBERT L
STREET ADDRESS 2904 CITRUS CT
CITY-ST-ZIP ELLENTON FL

☒ Delete

TITLE VP
NAME CUNDIFF, VERNON
STREET ADDRESS 3017 PINDO PALM PL.
CITY-ST-ZIP ELLENTON FL 34222

☒ Delete

TITLE T
NAME NIGRO, MARY
STREET ADDRESS 3004 KIWI PLACE
CITY-ST-ZIP ELLENTON FL

☒ Delete

TITLE S
NAME MOENCH, CARMEN
STREET ADDRESS 6877 COCONUT GROVE CIR
CITY-ST-ZIP ELLENTON FL

☐ Delete

TITLE D
NAME COLBOW, MARY LOU
STREET ADDRESS 3016 SABAL CIR
CITY-ST-ZIP ELLENTON FL

☒ Delete

TITLE D
NAME FLANAGAN, BUD
STREET ADDRESS 7015 DATE PALM LANE
CITY-ST-ZIP ELLENTON FL

☒ Delete

TITLE P
NAME CUNDIFF, VERNON
STREET ADDRESS 3017 PINDO PALM PL.
CITY-ST-ZIP ELLENTON, FL

☒ Change ☐ Addition

TITLE VP
NAME PORTER, DONALD
STREET ADDRESS 6812 COCONUT GROVE CIRCLE
CITY-ST-ZIP ELLENTON, FL 34222

☒ Change ☐ Addition

TITLE T
NAME CREATH, RAYNA
STREET ADDRESS 3010 SABAL CIRCLE
CITY-ST-ZIP ELLENTON, FL 34222

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME JORON, HECTOR
STREET ADDRESS 7033 DATE PALM LANE
CITY-ST-ZIP ELLENTON, FL, 34222

☒ Change ☐ Addition

TITLE D
NAME LEONARD, POLLY
STREET ADDRESS 7010 KING PALM COURT
CITY-ST-ZIP ELLENTON, FL 34222

☒ 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)(f), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 8, 2000 94-729-0236

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE