## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N93000002242

1. Entity Name

STONERIDGE LANDING ASSOCIATION OF INVERNESS, INC

Principal Place of Business

5314 So.

## FILED May 22, 2002 8:00 am Secretary of State 05-22-2002 90136 039 \*\*\*\*61.25

5491 STONERID INVERNESS FL		<b>3</b> 077	SART STONERIDGE DR INVERNESS FL 34450 US					·		*** *** ***		
2. Principal Pl	ace of Busin	ess	3. Mailing Address.		05 6	N <sub>C</sub>						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	)		City & State	City & State			4. FEI Number Applied For					
7:n Country			FNVerne	FO POTO		59-3182514		Not Applicable				
Zip	اد وسحب ن	Country	34450		Tru	5	5. Certificate of Stat	us Desired	\$8.75 Add ee.Require			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent												
						Name						
SLAYMAKER, THOMAS E					Street Address (P.O. Box Number is Not Acceptable)							
2218 HIGH INVERNESS												
		•					ty			FL Zip Code		
8. The above	named entity	submits this statement fo	r the purpose of changing its	s register	ed office or	registere	ed agent, or both, in the	ne state of Florida.				
.5										{		
§SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
F	ILE NOW	: FEE IS \$61.25	1	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be	Make Check				
			Trust Fund	Contribut	uon. L	_	Added to Fees	Departmer	it of State	•		
10.		OFFICERS AND DIF		11.		Α	ADDITIONS/CHANGES	S TO OFFICERS AND DIF	ECTORS IN	10		
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		ONERIDGE DRIVE			EET ADDRESS	7111	DI8 East	Rina DI	10			
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TITLE	D		<b>▼</b> Delete	TITL	E		Do	1.	Change	☐ Addition		
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		ANDING TERR.			EET ADDRESS	ي	54555 · U	ingest Kim	way			
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<ol> <li>12. I hereby or indicated</li> </ol>	ertify that the on this repor	e information supplied with t or supplemental report is	this filing does not qualify for true and accurate and that	or the exe my signa	mption state ture shall ha	ed in Sec ive the s	ction 119.07(3)(i), Flori same legal effect as if i	id <b>á</b> Statutes. I further cert made under oath: that I a	fy that the in m an officer	nformation 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.