

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90051 038 ****61.25

0007003

DOCUMENT # N94000004507

1. Entity Name

SEMINOLE RIDGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

RT 1 BOX 110
 BARBER BRANCH RD
 ST. GEORGE GA 31646

P.O. BOX 1424
 MACCLENNY FL 32063

000017



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3313706

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

OWENS, MARTIN W
RT. 1 BOX 634
SANDERSON FL 32087

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: PD
 NAME: OWENS, MARTIN W
 STREET ADDRESS: RT. 1 BOX 110, BARBER BRANCH RD.
 CITY-ST-ZIP: ST. GEORGE GA 31646 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: VTD
 NAME: CREWS, DARRELL
 STREET ADDRESS: RT 1 BOX 634
 CITY-ST-ZIP: SANDERSON FL 32087 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: SD
 NAME: CREWS, JULIE
 STREET ADDRESS: RT 1 BOX 634
 CITY-ST-ZIP: SANDERSON FL 32087 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

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Delete

TITLE: _____
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 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: _____
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 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: *Martin W. Owens*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/2001 (912)843-8118
 Date Daytime Phone #

CR2E037 (10/00)