

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/28/00-90122-013-\$61.25-\$61.25

DOCUMENT # N94000004748

1. Entity Name

FOXRIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5098 NW 143RD ST  
ALACHUA FL 32615  
US

Mailing Address

5098 NW 143RD ST  
ALACHUA FL 32615  
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

59-3283166

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

LEBLANC, JAMES E.  
14604 NW 50TH PLACE  
ALACHUA FL 32615

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 DP ☐ Delete  
NAME LEBLANC, JAMES E.  
STREET ADDRESS 14604 NW 50TH PLACE  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☒ Change ☐ Addition  
NAME   
STREET ADDRESS ALACHUA, FL 32615  
CITY-ST-ZIP

TITLE DVP ☒ Delete  
NAME DOLLINGER, JEFF  
STREET ADDRESS 1 SE 1ST AVE  
CITY-ST-ZIP ALACHUA FL 32615

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

TITLE DST ☒ Delete  
NAME BARCUS, GEORGE  
STREET ADDRESS 50 TARPON CIRCLE  
CITY-ST-ZIP WINTER SPRINGS FL

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

TITLE DVP ☐ Delete  
NAME RIDLEY, LARRY  
STREET ADDRESS 14609 NW 50th Place  
CITY-ST-ZIP ALACHUA, FL 32615

TITLE ☐ Change ☒ Addition  
NAME RIDLEY, LARRY  
STREET ADDRESS 14609 NW 50th Place  
CITY-ST-ZIP ALACHUA, FL 32615

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME   
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TS

352-  
373-7904

CR2E037 (9/99)