

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000434

1. Entity Name

RIDGEFIELD HOMEOWNERS ASSOCIATION OF ESCAMBIA, I

Principal Place of Business

Mailing Address

P.O. BOX 10370
PENSACOLA FL 32524

P.O. BOX 10370
PENSACOLA FL 32524-0370

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

59-3296914

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

MINCHEW, JULIAN P
8385 BANBERRY RD
PENSACOLA FL 32514

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 DS
NAME TATE, SUE
STREET ADDRESS 8360 PILGRIM RD
CITY-ST-ZIP PENSACOLA FL ☐ Delete

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

TITLE DT
NAME HULLETT, LARRY W
STREET ADDRESS 8349 PILGRIM RD
CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete

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

TITLE D
NAME DECHAMPLAIN, LEWIS
STREET ADDRESS 8165 STRASBURG RD
CITY-ST-ZIP PENSACOLA FL ☐ Delete

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

TITLE D
NAME BUTTS, CHARLES E
STREET ADDRESS 4233 CROYDON RD.
CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete

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

TITLE DP
NAME MINCHEW, JULIAN P
STREET ADDRESS 8385 BANBERRY RD
CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete

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

TITLE D
NAME HELM, SHERRELL
STREET ADDRESS 8140 FORDHAM DR
CITY-ST-ZIP PENSACOLA FL 32514 ☐ 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:

Julian P Minchew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julian P Minchew 1/10/00 (850) 476-3276
Date Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90165 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)