## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

## DOCUMENT # N9500003207 Apr 17, 2000 8:00 am Secretary of State DEER RIDGE AT RIVER RIDGE PHASE I HOMEOWNERS ASS 04-17-2000 90099 049 \*\*\*\*61.25 Mailing Address Principal Place of Business 10730 10730 **STE 17 STF 17** NEW PORT RICHEY FL 34668 NEW PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3386703 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PEATE, RUSS 10730 US 19 **STE 17** Zip Code City PORT RICHEY FL 34668 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PD☐ Change Addition HD- □ Delete TITLE TITLE Rausch, Donald BOYCE, M.D. NAME NAME STREET ADDRESS 7622 Roycroft Drive STREET ADDRESS 8201-RIVER RIDGE BLVD: --CITY-ST-ZIP New Port Richey, FL CITY-ST-ZIP NEW-PORT-RICHEY-FL-34654 -Change ★ Addition TITLE $\sqrt{U}$ **□x**Delete TITLE Reed, Michael NAME PAUL-WILLIAM D-II---NAME 10534 Magrath Lane STREET ADDRESS STREET ADDRESS <del>8201-RIVER</del> RI<del>DG</del>E <del>BLV</del>D:-NewPort Richey, FL CITY-ST-ZIE CITY-ST-ZIP NEW-PORT-RIGHEY-FL-34<del>65</del>4 - -SD ☐ Change **K** Addition **■**XDelete TITLE -SD-TITLE Little, Clint NAME <del>rey</del>nold<del>s,</del> B.J. NAME STREET ADDRESS 7719 Howley Lane STREET ADDRESS <del>-820</del>1-RIVER-RIDGE <del>-8</del>LVD: --CITY-ST-ZIP New Port Richey, FL CITY-ST-ZIP NEW-PORT-RIGHEY-FL-34654 ☐ Change K Addition TITI F TITLE ☐ Delete Fawley, Curtis NAME NAME STREET ADDRESS 723 Howley Lane STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP New Port Richev, FL ☐ Change ★ Addition TITLE. ☐ Delete TITLE NAME Richardson, James NAME STREET ADDRESS STREET ADDRESS 10641 Magrath Lane CITY-ST-7IP CITY-ST-ZIP New Port Richey, FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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