2001 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2001 8:00 am Secretary of State DOCUMENT # N9500003207 1. Entity Name DEER RIDGE AT RIVER RIDGE PHASE I HOMEOWNERS ASS 2-28-2001 90055 032 ****61.25 Principal Place of Business Mailing Address 10730 10730 924819 **STE 17 STE 17 NEW PORT RICHEY FL 34668 NEW PORT RICHEY FL 34668** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. # etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3386703 Not Applicable Zip Country Zip Country **\$8.75** Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PEATE, RUSS 10730 US 19 **STE 17** Zip Code PORT RICHEY FL 34668 FL 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 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. <u>_QQ</u> PD CR2E037 (10/00 TITLE Delete TITLE Reed, Michael BOYCE, M.D. NAME NAME 8201-RIVER RIDGE BLVD. 10534 Magrath Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW-PORT-RIGHEY-FL-34654-CITY-ST-ZIP New Port Richey, FL $\overline{ ext{VD}}$ TITLE ■ Delete TITLE PAUL; WILLIAM-D II --NAME NAME Burr, Daniel 8201-RIVER-RIDGE BLVD-STREET ADDRESS 10635 Magrath Lane STREET ADDRESS NEW_PORT_RICHEY_FL_34654_ CITY-ST-7IP CITY-ST-ZIF New Port Richev. FL Addition TITLE Delete TITLE **REYNOLDS-B.J.** NAME NAME Little, Clint 8201-RIVER RIDGE BLVD. 7719 Howley Lane STREET ADDRESS STREET ADDRESS NEW-PORT-RICHEY-FL-34654- -- -CITY-ST-7IP CITY-ST-ZIP New Port Richey, FL X Addition Delete TITLE Change TITLE NAME NAME Richardson, James STREET ADDRESS STREET ADDRESS 10641 Magrath Lane CITY-ST-ZIP CITY-ST-71P New Port Richey, FI ☐ Delete TITLE DAST Change Addition NAME Fawley, Curtis STREET ADDRESS STREET ADDRESS 7723 Howley Lane CITY-ST-ZIP CITY-ST-ZIP New Port Richev. FL TITLE Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: Jane JAME T KICKBRACON 2/20/01 727-817-1074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Daylime Phone #

changed, or on an attachment with an address, with all other like empowered.

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