

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004652

1. Entity Name

THE TIMBER RIDGE OF IMMOKALEE ASSOCIATION, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90016 022 \*\*\*\*61.25

Principal Place of Business

2449 SANDERS PINES CIRCLE  
IMMOKALEE FL 34142  
US

Mailing Address

2449 SANDERS PINES CIRCLE  
IMMOKALEE FL 34142-2101  
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

65-0748601

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

PENCZYKOWSKI, JAMES  
2449 SANDERS PINES CIRCLE  
IMMOKALEE FL 34142

Name

Michael R. Ramsey

Street Address (P.O. Box Number is Not Acceptable)

2449 Sanders Pines Circle

City

Immokalee

FL

Zip Code

34142

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	SD	<input type="checkbox"/> Delete
NAME	MATTHEWS, JOSEPH	
STREET ADDRESS	706 BREEZEWOOD TERRACE	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NEWSOME, ROBERT	
STREET ADDRESS	1302 NORTH 15TH STREET	
CITY-ST-ZIP	IMMOKALEE FL 33934	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPOS, JUAN	
STREET ADDRESS	1111 MIAN ST	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICOLAS, DESILUS	
STREET ADDRESS	211 S NINTH ST	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TOURON, ARMONDO	
STREET ADDRESS	2500 LAKE TRAFFORD RD	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Dorby Beliveau	<input checked="" type="checkbox"/> ADD
STREET ADDRESS	565 Anchor Rede Dr	
CITY-ST-ZIP	Naples, FL 33940	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenn Padilla	
STREET ADDRESS	402 W. Main St.	
CITY-ST-ZIP	Immokalee, FL 34142	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mervyn Kellcher	
STREET ADDRESS	1402 W. New Market Rd	
CITY-ST-ZIP	Immokalee, FL 34142	
TITLE	Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Olga Hernandez	
STREET ADDRESS	402 W Main St.	
CITY-ST-ZIP	Immokalee, FL 3414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard R. Ramsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

Date

Daytime Phone #

CR2E037 (9/99)