

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004652

1. Entity Name

THE TIMBER RIDGE OF IMMOKALEE ASSOCIATION, INC.

Principal Place of Business

2449 SANDERS PINES CIRCLE
IMMOKALEE FL 34142
US

Mailing Address

2449 SANDERS PINES CIRCLE
IMMOKALEE FL 34142
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

RAMSAY, MICHAEL R
2449 SANDERS PINES CIRCLE
IMMOKALEE FL 34142

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete

NAME SD
MATTHEWS, JOSEPH
STREET ADDRESS 708 BREEZEWOOD TERRACE
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE ☐ Delete

NAME TD
NEWSOME, ROBERT
STREET ADDRESS 1302 NORTH 15TH STREET
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE ☐ Delete

NAME D
PADILLA, GLORIA
STREET ADDRESS 402 N MAIN ST.
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE ☐ Delete

NAME D
KELLEHER, MAUREEN
STREET ADDRESS 1402 W. NEW MARKER RD
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE ☐ Delete

NAME C
HERNANDEZ, OLGA
STREET ADDRESS 402 W. MAIN ST
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE ☐ Delete

NAME D
BELIVEAU, DARBY
STREET ADDRESS 565 ANCHOR RODE DR
CITY-ST-ZIP NAPLES FL 33940

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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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, without other like empowered.

SIGNATURE:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

278-82

Date

841-657-5333

Daytime Phone #

CR2E037 (9/01)

0085280

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90637 039 ****61.25



DO NOT WRITE IN THIS SPACE