

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90140 002 \*\*\*\*61.25

**DOCUMENT # N96000000289**

1. Entity Name

**KINGS RIDGE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

2180 W SR 434 #5000  
 LONGWOOD FL 34779-5044

Mailing Address

2180 W SR 434 #5000  
 LONGWOOD FL 34779

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip  
 32779

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip  
 32779

Country

4. FEI Number

**59-3387617**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HART, JR J W**  
**SENTRY MANAGEMENT INC**  
**2180 W SR 434 STE 5000**  
**LONGWOOD FL 32779**

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 PD  Delete  
 NAME HACKER, E. BING  
 STREET ADDRESS 1900 KINGS RIDGE BLVD  
 CITY-ST-ZIP CLERMONT FL

TITLE VPD  Delete  
 NAME LUNKO, DON  
 STREET ADDRESS 1900 KINGS RIDGE BLVD  
 CITY-ST-ZIP CLERMONT FL

TITLE STD  Delete  
 NAME SODERMARK, CHRISTINE  
 STREET ADDRESS 1900 KINGS RIDGE BLVD  
 CITY-ST-ZIP CLERMONT FL

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*SIGNATURE* **E. Bing Hacker**

2-28-00 352-242-1192

Date

Daytime Phone #

CR2F037 (9/99)