

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001073

1. Entity Name

RIDGE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

15 RIDGE ESTATES DR  
C/O BILL AMOS  
GLEN ST MARY FL 32040

Mailing Address

15 RIDGE ESTATES DR  
C/O BILL AMOS  
GLEN ST MARY FL 32040-8712

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

59-3006747

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

RHODEN, THOMAS R  
515 SOUTH 6TH STREET  
MCCLENNY FL

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME RHODEN, THOMAS R  
STREET ADDRESS 515 SOUTH 6TH STREET  
CITY-ST-ZIP MCCLENNY FL ☐ Delete

TITLE PD  
NAME William Amos  
STREET ADDRESS 15 Ridge Estates  
CITY-ST-ZIP Glen St. Mary, FL 32040 ☒ Change ☐ Addition

TITLE VD  
NAME DAVIS, R.H.  
STREET ADDRESS 515 SOUTH 6TH STREET  
CITY-ST-ZIP MCCLENNY FL ☐ Delete

TITLE VD  
NAME David Hurlburt  
STREET ADDRESS 36 Ridge Estates  
CITY-ST-ZIP Glen St. Mary, FL 32040 ☒ Change ☐ Addition

TITLE STD  
NAME HARVEY, GENE  
STREET ADDRESS 515 SOUTH 6TH STREET  
CITY-ST-ZIP MCCLENNY FL ☐ Delete

TITLE STD  
NAME Connie Walker  
STREET ADDRESS 8 Ridge Estates  
CITY-ST-ZIP Glen St. Mary, FL 32040 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*CONRAD B. WEAVER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 22, 2000 8:00 am  
Secretary of State

05-22-2000 90129 028 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)