

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90180 035 \*\*\*\*61.25

**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

80056965



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Ridge Estates Assoc.  
 Suite, Apt. #, etc.  
 7644 W. Ridge Est. Dr.

3. Mailing Address

7644 W. Ridge Est. Dr.  
 Suite, Apt. #, etc.

City & State

Glen St. Mary, FL

City & State

Glen St. Mary, FL

4. FEI Number

59-3006747

Applied For

Not Applicable

Zip

32040

Country

US

Zip

32040

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RHODEN, THOMAS R  
 515 SOUTH 6TH STREET  
 MCCLenny FL

7. Name and Address of New Registered Agent

Name

Joe Brack

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

7721 W. Ridge Est. Dr.

City

Glen St Mary

FL

Zip Code

32040

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

Connie B. Walker, Sec./Pres.

4/29/01

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 RHODEN, THOMAS R  
 STREET ADDRESS 515 SOUTH 6TH STREET  
 CITY-ST-ZIP MCCLenny FL

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

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

TITLE PD ☐ Delete  
 NAME AMOS, WILLIAM  
 STREET ADDRESS 15 RIDGE ESTATES  
 CITY-ST-ZIP GLEN SAINT MARY FL 32040

TITLE VD ☐ Delete  
 NAME HURLBURT, DAVID  
 STREET ADDRESS 36 RIDGE ESTATES  
 CITY-ST-ZIP GLEN SAINT MARY FL 32040

TITLE STD ☐ Delete  
 NAME WALKER, CONNIE  
 STREET ADDRESS 8 RIDGE ESTATES  
 CITY-ST-ZIP GLEN SAINT MARY FL 32040

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 PD ☒ Change ☐ Addition  
 NAME Joe Brack  
 STREET ADDRESS 7721 W. Ridge Est. Dr.  
 CITY-ST-ZIP Glen St. Mary, FL 32040

TITLE VP ☒ Change ☐ Addition  
 NAME Wayne Conn  
 STREET ADDRESS 7568 W. Ridge Est. Dr.  
 CITY-ST-ZIP Glen St. Mary, FL 32040

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:

Connie B. Walker

4/29/01 (386)758-3775

CR2E037 (10/00)