

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90007 041 \*\*\*\*61.25

**DOCUMENT # N96000001073**

1. Entity Name

**RIDGE ESTATES PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**RIDGE ESTATES ASSOC.  
 7644 W. RIDGE EST. DR.  
 GLEN SAINT MARY FL 32040**

**7644 W. RIDGE EST. DR.  
 GLEN ST MARY FL 32040**

2. Principal Place of Business

3. Mailing Address

**7568 RIDGE ESTATES DR. W.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**GLEN ST. MARY**

City & State

**FLORIDA**

Zip

Country

Zip

Country

**32040**

**USA**

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

Name

**JOE BRACK**

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

**7729 W. RIDGE ESTATES 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 BRACK, JOE  
 7729 W. RIDGE EST. DR  
 GLEN SAINT MARY FL 32040** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**RESIDENT  
 Joe Brack  
 7729 W. RIDGE ESTATES DR** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP  
 CONN, WAYNE  
 7568 W. RIDGE EST. DR  
 GLEN SAINT MARY FL 32040** ☐ Delete

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

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

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

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**STD  
 Deborah Conn  
 7568 RIDGE ESTATES DR. W.  
 GLEN ST. MARY, FLA 32040** ☒ 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:

*(Signature)*

CR2E037 (4/02)