

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N97000000613**

1. Entity Name

**EMERALD RIDGE HOMEOWNERS' ASSOCIATION, INC.**

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90078 007 \*\*\*\*61.25

Principal Place of Business <b>523 MOSS VIEW WAY TALLAHASSEE FL 32312</b>	Mailing Address <b>523 MOSS VIEW WAY TALLAHASSEE FL 32312-1030</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3492951</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**FRIEDMAN, MARTIN S**  
**2548 BLAIRSTONE PINES DRIVE**  
**TALLAHASSEE FL 32301**

**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 *Thomas Vieth* **THOMAS VIETH** **PRESIDENT** **3-9-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MONTGOMERY, RON</b>
STREET ADDRESS	<b>3370 CAPITAL CIRCLE NORTHEAST, SUITE C-2</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>VIETH, SUSAN</b>
STREET ADDRESS	<b>523 MOSS VIEW WAY</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>VIETH, THOMAS</b>
STREET ADDRESS	<b>523 MOSS VIEW WAY</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Required* **SIGNATURE REQUIRED** **3/28/00** **850 545 9037**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)