

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002857

1. Entity Name

SHILOH RIDGE OWNERS ASSOCIATION, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90059 024 ****61.25

Principal Place of Business

128 SOUTH HERNANDO STREET
LAKE CITY FL 32025

Mailing Address

128 SOUTH HERNANDO STREET
LAKE CITY FL 32025-4444

2. Principal Place of Business

SHILOH RIDGE

3. Mailing Address

R.R. 1, BOX 10780

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. WHITE, FL

City & State

FT. WHITE, FL

4. FEI Number

59-3451506

Applied For

Not Applicable

Zip

32038

Country

COLUMBIA

Zip

32038

Country

COLUMBIA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDavid, TERRY
128 SOUTH HERNANDO STREET
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name - SAMUEL J. FORD

Street address (P.O. Box Number is Not Acceptable)
R.R. 1, BOX 10780

City

FT. WHITE

FL

Zip Code

32038

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

Samuel J. Ford SAMUEL J. FORD

2-8-00

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	D	<input checked="" type="checkbox"/> Delete
NAME	WEDEKIND, LEE	
STREET ADDRESS	5345 ORTEGA BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANE, JAMES T JR	
STREET ADDRESS	5345 ORTEGA BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VARGAS, ERNIE	
STREET ADDRESS	5345 ORTEGA BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	FORD, SAM	<input type="checkbox"/> Delete
NAME	RT 1 BOX 10780	
STREET ADDRESS	FT WHITE FL 32038	
CITY-ST-ZIP		
TITLE	MAGEE, PATRICK	<input type="checkbox"/> Delete
NAME	RT 1 BOX 10738	
STREET ADDRESS	FT WHITE FL 32038	
CITY-ST-ZIP		
TITLE	REYES, JULIO	<input type="checkbox"/> Delete
NAME	RT 1 BOX 2440	
STREET ADDRESS	FT WHITE FL 32038	
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	
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:

Samuel J. Ford SAMUEL J. FORD

Date

Daytime Phone #

2-8-00 904-497-3072

CR2E037 (9/99)