

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2002 8:00 am  
Secretary of State

04-16-2002 90182 013 \*\*\*\*61.25

DOCUMENT # N97000002857

1. Entity Name

SHILOH RIDGE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SHILOH RIDGE  
RR1 BOX 10780  
FORT WHITE FL 32038

SHILOH RIDGE  
RR1 BOX 10780  
FORT WHITE FL 32038

2. Principal Place of Business

3. Mailing Address

Shiloh Ridge  
Suite, Apt. #, etc.

Shiloh Ridge  
Suite, Apt. #, etc.

481 S.W. BLUEGRASS CT.

481 S.W. BLUEGRASS CT.

City & State

City & State

FORT White, FL

FORT White, FL

Zip

Country

Zip

Country

32038

U.S.A.

32038

U.S.A.

4. FEI Number

59-3451506

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

FORD, SAMUEL J  
RR1 BOX 10180  
FORT WHITE FL 32038

Name

CRENSHAW, JUANITA

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

481 S.W. BLUEGRASS CT.

City

FORT 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

Juanita Crenshaw

JUANITA CRENSHAW

04/08/02

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 TD  
NAME FORD, SAM  
STREET ADDRESS RT 1 BOX 10780  
CITY-ST-ZIP FORT WHITE FL 32038 ☒ Delete

TITLE TD  
NAME JUANITA CRENSHAW  
STREET ADDRESS 481 S.W. BLUEGRASS CT.  
CITY-ST-ZIP FORT White, FL 32038 ☒ Change ☐ Addition

TITLE PD  
NAME BROWNING, PETER  
STREET ADDRESS RT 1 BOX 10821  
CITY-ST-ZIP FORT WHITE FL 32038 ☐ Delete

TITLE PD  
NAME BROWNING, PETER  
STREET ADDRESS 428 CONESTOGA WAY  
CITY-ST-ZIP FORT WHITE, FL. 32038 ☒ Change ☐ Addition

TITLE VD  
NAME CRENSHAW, DANIEL  
STREET ADDRESS RT 1 BOX 10710  
CITY-ST-ZIP FORT WHITE FL 32038 ☐ Delete

TITLE VD  
NAME CRENSHAW, DANIEL  
STREET ADDRESS 481 S.W. BLUEGRASS CT.  
CITY-ST-ZIP FORT WHITE, FL 32038 ☒ 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:

JUANITA CRENSHAW

04/08/02 386-497-4883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)