

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90142 041 ****61.25

DOCUMENT # N97000004258

1. Entity Name

RAVNDAL ROAD OWNERS ASSOCIATION, INC.



Principal Place of Business

PO BOX 3116
LAKE CITY FL 32055

Mailing Address

PO BOX 3116
LAKE CITY FL 32055

2. Principal Place of Business

Rt 8 Box 32587

Suite, Apt. #, etc.

3. Mailing Address

Rt 8 Box 32587

Suite, Apt. #, etc.

City & State

Lake City FL

City & State

Lake City FL

Zip

32055

Country

Zip

32055

Country

4. FEI Number

59-3561000

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRIFFIN, DEBRA K
PO BOX 3116
LAKE CITY FL 32056**

7. Name and Address of New Registered Agent

Name

Griffin, Debra K.

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

Rt 8 Box 32587

City

Lake City

FL

Zip Code

32055

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

Debra K. Griffin

6-9-03

Signature, typed or printed name of registered agent and not 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DVP** ☐ Delete
NAME **GRIFFIN, DEBRA**
STREET ADDRESS **PO BOX 3116**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **DP** ☒ Delete
NAME **MIDDLETON, SCOTT**
STREET ADDRESS **PO BOX 3116**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **DST** ☐ Delete
NAME **NELSON, STEVE**
STREET ADDRESS **PO BOX 3116**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **Debra K. Griffin**
STREET ADDRESS **Rt 8 Box 32524**
CITY-ST-ZIP **Lake City FL 32055**

TITLE **DVP** ☒ Change ☐ Addition
NAME **Vasko, Tina**
STREET ADDRESS **Rt 8 Box 582**
CITY-ST-ZIP **Lake City FL 32055**

TITLE **DST** ☒ Change ☐ Addition
NAME **Nelson, Steve**
STREET ADDRESS **Rt 8 Box 32587**
CITY-ST-ZIP **Lake City FL 32055**

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

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:

Debra K. Griffin **Debra K. Griffin** **6-9-03** **386 623 2851**

CR2E037 (10/02)