

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004593

1. Entity Name

THE GLENRIDGE ON PALMER RANCH, INC.

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

05-26-2000 90109 012 ****61.25

Principal Place of Business

8590 POTTER PARK DR
 SUITE A
 SARASOTA FL 34238-9852
 US

Mailing Address

8590 POTTER PARK DR
 SUITE A
 SARASOTA FL 34238-5439
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3472733

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEORGE, EUGENE
 22 S TUTTLE AVE., SUITE #3
 SARASOTA FL 34237

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

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 ☐ Delete
 NAME DV
 STREET ADDRESS GEHLBACH, DONALD
 CITY-ST-ZIP 3948 SOMERSET COVE DR.
 SARASOTA FL 34242

TITLE ☐ Change ☒ Addition
 NAME MARVIN GROSS
 STREET ADDRESS 2000 TOM MORRIS DRIVE
 CITY-ST-ZIP SARASOTA FL 34240

TITLE ☐ Delete
 NAME D
 STREET ADDRESS HANSEN, PAUL
 CITY-ST-ZIP 3102 JESSIE HARBOR
 OSPREY FL 34229

TITLE ☐ Change ☒ Addition
 NAME SECRETARY
 STREET ADDRESS RUSS WILTSHIRE
 CITY-ST-ZIP 4031 WILSHIRE CIRCLE EAST
 SARASOTA FL 34238

TITLE ☐ Delete
 NAME P
 STREET ADDRESS CARROLL, MARY F
 CITY-ST-ZIP 4719 HARVEST BEND
 SARASOTA FL 34235

TITLE ☐ Change ☒ Addition
 NAME HOWARD CROWELL
 STREET ADDRESS 3910 PRAIRIE DUNES DRIVE
 CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS MUENZMAY, DON
 CITY-ST-ZIP 3289 FAIRHAVEN LN.
 SARASOTA FL 34239

TITLE ☐ Change ☒ Addition
 NAME TED EWING
 STREET ADDRESS 7377 REGINA ROYALE
 CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ Delete
 NAME D
 STREET ADDRESS PALMERI, CHARLES J
 CITY-ST-ZIP 229 ST. JAMES PK.
 OSPREY FL 34229

TITLE ☐ Change ☒ Addition
 NAME DON HAYNER
 STREET ADDRESS 310 BANANA PATCH CT
 CITY-ST-ZIP OSPREY FL 34229

TITLE ☐ Delete
 NAME D
 STREET ADDRESS REYNOLDS, JOSEPH E
 CITY-ST-ZIP 5176 SUNNYDALE CIR., W.
 SARASOTA FL 34233

TITLE ☐ Change ☒ Addition
 NAME BARBARA SMITH
 STREET ADDRESS 5421 SEVEN OAKS
 CITY-ST-ZIP SARASOTA FL 34241

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

Don Muenzmay

4/28/00

941/927-7818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)