

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90044 019 \*\*\*\*61.25

DOCUMENT # N97000004593

1. Entity Name

THE GLENRIDGE ON PALMER RANCH, INC.

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 34238-9852  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3472733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

TITLE D  
NAME CROWELL, HOWARD ☐ Delete  
STREET ADDRESS 3970 DRAIRE DUNES DR  
CITY-ST-ZIP SARASOTA FL 34238

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

TITLE D  
NAME GROSS, MARVIN ☐ Delete  
STREET ADDRESS 2000 TOM MORRIS DR  
CITY-ST-ZIP SARASOTA FL 34240

TITLE D  
NAME SMITH, BARBARA ☐ Delete  
STREET ADDRESS 5421 SEVEN OAKS  
CITY-ST-ZIP SARASOTA FL 34241

TITLE D  
NAME WILTSHIRE, RUSS ☐ Delete  
STREET ADDRESS 4031 WILTSHIRE CTR E.  
CITY-ST-ZIP SARASOTA FL 34238

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME DONALD ALBERTSON  
STREET ADDRESS 4136 WOODVIEW DR.  
CITY-ST-ZIP SARASOTA, FL 34232

TITLE D ☐ Change ☒ Addition  
NAME John Meserve  
STREET ADDRESS 2126 BEACH AVE.  
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE D ☐ Change ☒ Addition  
NAME William McCarthy  
STREET ADDRESS 3946 PRAIRIE DUNES DR.  
CITY-ST-ZIP SARASOTA, FL 34238

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:

SIGNATURE REQUIRED

1-22-02 941-377-2486

SIGNATURE AND TYPE OF PRINTED NAME OF AGING OFFICER OR DIRECTOR Date Daytime Phone #