

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001948

1. Entity Name

ARBOR RIDGE HOME OWNERS' ASSOCIATION OF TAMPA, I

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90022 010 \*\*\*\*61.25

Principal Place of Business

5814 ARBOR WALK LANE  
TAMPA FL 33624

Mailing Address

12088 ANDERSON RD  
PMB #154  
TAMPA FL 33625-5682

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

59-3505210

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

WILKINS, RONALD D  
5814 ARBOR WALK LANE  
TAMPA FL 33624

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 NAME	DP FUENTE, JR, ARTHUR O	<input type="checkbox"/> Delete
STREET ADDRESS	5812 ARBOR WALK LANE	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE NAME	DV MOREJON, ANTHONY	<input type="checkbox"/> Delete
STREET ADDRESS	5807 ARBOR WALK LANE	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE NAME	DT WILKINS, RONALD D	<input type="checkbox"/> Delete
STREET ADDRESS	5814 ARBOR WALK LANE	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE NAME	DS SHAVER, CLYDE	<input type="checkbox"/> Delete
STREET ADDRESS	10930 ARBOR RIDGE DR	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD D. WILKINS

7/12/00

(813) 960-1677

Date

Daytime Phone #