

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # N99000003238

1. Entity Name

APALACHEE RIDGE ESTATES NEIGHBORHOOD ASSOCIATION

FILED
May 24, 2000 8:00 am
Secretary of State

05-01-2000 90368 042 ****61.50

Principal Place of Business

934 COCHRAN DR.
TALLAHASSEE FL 32301

Mailing Address

934 COCHRAN DR.
TALLAHASSEE FL 32301-7022

2. Principal Place of Business

934 Cochran Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5392

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

4. FEI Number

N/A

Applied For

☒ Not Applicable

Zip
32301

Country
United States

Zip
32314

Country
United States

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, PERRY L MR.
934 COCHRAN DR.
TALLAHASSEE FL 32301

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

PERRY L. WEST, PRESIDENT AND DIRECTOR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-00

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	P.DIRECTOR	<input type="checkbox"/> Delete
NAME	WEST, PERRY L	
STREET ADDRESS	934 COCHRAN DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	V.DIRECTOR	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, TONY	
STREET ADDRESS	801 APACHEE DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, CARLA	
STREET ADDRESS	813 APACHEE DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	T.DIRECTOR	<input type="checkbox"/> Delete
NAME	THOMAS, ELTON	
STREET ADDRESS	806 APACHEE DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Tony & Genie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2521 Pontiac Dr.	
STREET ADDRESS	Tallahassee, Fla.	
CITY-ST-ZIP		
TITLE	V.DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

PERRY L. WEST, PRESIDENT AND DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

(850) 942-0667

Daytime Phone #

CR2E037 (9/99)