

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003238

1. Entity Name

APALACHEE RIDGE ESTATES NEIGHBORHOOD ASSOCIATION

Principal Place of Business

934 COCHRAN DR.
TALLAHASSEE FL 32301

Mailing Address

P O BOX 5392
TALLAHASSEE FL 32314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 PD
NAME WEST, PERRY L
STREET ADDRESS 934 COCHRAN DR.
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE VD
NAME GENNIE, TONYA
STREET ADDRESS 2821 PONTIAC DR
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE S
NAME WILLIAMS, CARLA
STREET ADDRESS 813 APACHEE DR.
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE TD
NAME THOMAS, ELTON
STREET ADDRESS 806 APACHEE DR.
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME MRS ANNIE R. JONES
STREET ADDRESS 908 COCHRAN DR
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☒ Change ☐ Addition
Annie R. Jones

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

4-21-01

942-0667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90346 018 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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