

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90403 009 ****61.25

DOCUMENT # N99000003238

1. Entity Name

**APALACHEE RIDGE ESTATES NEIGHBORHOOD ASSOCIATION
, INC.**



Principal Place of Business

Mailing Address

**934 COCHRAN DR.
TALLAHASSEE FL 32301**

**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

4. FEI Number **NOT APPLICABLE**

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

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

Name **ELTON E. Thomas**

Street Address (P.O. Box Number is Not Acceptable)

806 Apachee

Tallahassee, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Elton E. Thomas **TREASURER**

ELTON E. Thomas

4-10-2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEST, PERRY L	
STREET ADDRESS	934 COCHRAN DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GENNIE, TONYA	
STREET ADDRESS	2821 PONTIAC DR	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, ANNIE R	
STREET ADDRESS	902 COCHRAN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TD	<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		

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	TREASURER -	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELTON E. Thomas	
STREET ADDRESS	806 Apachee	
CITY-ST-ZIP	Tallahassee, FL 32301	
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:

Elton E. Thomas **REQUIRE**

4-10-03 (850)942-0667

CR2E037 (10/02)