2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90007 032 ***150.00

DOCUMENT # 461192

1. Entity Name

THE RITCHIE ORGANIZATION, INC.

Principal Place of Business	Mailing Address
3050 BEE RIDGE RD. SUITE A SARASOTA FL 34239	3050 BEE RIDGE RD. SUITE A SARASOTA FL 34239-7140

DO NOT WRITE IN THIS SPACE

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 59-1591092 ☐ 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
FREDERICK, FRED THE RITCHIE ORGANIZATION 3050 BEE RIDGE SARASOTA FL 34239	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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS EVERS, STEVE 80 BRIDGE STREET NEWTON MA 02458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Robert FARROW AIE 1440 FLOWER AVE SARASOTA FL 34239	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS HUGHES, EDWARD P. 2 WAYBRIDGE LN. WAYLAND MA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS STEVE EVERS 1 FROST ST NATICK MA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FREDERICK, FREDDY C. 1838 ALTA VISTA SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS-IS AT BARROW 1603 BAY ROAD SARASOTA FL 34239	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MORGAN, JR., WENDELL R. 12 GROVE ST. SANDWICH MA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ERIK WISMAR 5239 SUSAN AVE SARASOTA FL 34231	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HANTON, CHARLES K.R. 1622 KENILWORTH ST. SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS JON STONE 2505 S. BRISK AVE SARASOTA FL 34239	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS LEY, KENT 3050 BEE RIDGE SARASOTA FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E[illegible] A. [illegible] TREASURER 4/20/00 6179699400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #