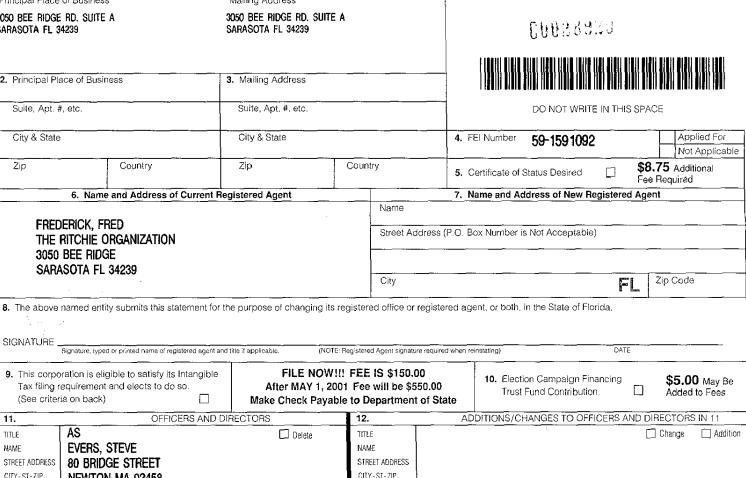
## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 461192** 1. Entity Name THE RITCHIE ORGANIZATION, INC. Principal Place of Business Mailing Address 3050 BEE RIDGE RD. SUITE A 3050 BEE RIDGE RD. SUITE A SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Country Zio 6. Name and Address of Current Registered Agent Name FREDERICK, FRED Street Address (P.O. Box Number is Not Acceptable) THE RITCHIE ORGANIZATION 3050 BEE RIDGE SARASOTA FL 34239 City

## FILED Mar 02, 2001 8:00 am **Secretary of State**

03-02-2001 90104 023 \*\*\*150.00



		I .					
11. OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	AS	☐ Delete	TITLE	\$	Change	☐ Addition	8
NAME	Evers, steve		NAME				9
STREET ADDRESS	80 BRIDGE STREET		STREET ADDRESS				34
CITY-ST-ZIP	NEWTON MA 02458	•	CITY-ST-ZIP				اي ر
TITLE	T\$	Delete	TITLE		Change	☐ Addition	CR2E034 (10/00)
NAME	HUGHES, EDWARD P.		NAME				ı
STREET ADDRESS	2 WAYBRIDGE LN.	'	STREET ADDRESS			Ì	l
CITY-ST-ZIP	WAYLAND MA		CITY-ST-ZIP				ŀ
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME	FREDERICK, FREDDY C.		NAME				
STREET ADDRESS	1838 ALTA VISTA		STREET ADDRESS				ŀ
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP				
TITLE	V	Delete	TITLE	1	Change	Addition	
NAME	FANNEN, ROBERT		NAME	FARROW, Robert			
STREET ADDRESS	1440 FLOWER AVE		STREET ADDRESS	·			
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP				_
TITLE	AS	🔀 Delete	TITLE	AS .	Change	🔀 Addition	
NAME	HANTON, CHARLES K.R.		NAME	ERIK WISMAN AVE			
STREET ADDRESS	1622 KENILWORTH ST.		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP	SARASATA FL 34231			
TITLE	AS	☐ Delete	TITLE		Change	Addition	
NAME	LEY, KENT		NAME				
STREET ADDRESS	3050 BEE RIDGE		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP				

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

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

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)