

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90024 024 \*\*\*\*61.25

041431



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 711836**

1. Entity Name

**RIDGE MODEL RAILROAD CLUB, INC.**

Principal Place of Business

Mailing Address

212 N. LAKE HARTRIDGE DR.  
WINTER HAVEN FL 33881  
US

212 N. LAKE HARTRIDGE DR.  
WINTER HAVEN FL 33881-9542  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1704 S. LAKE REEDY BLVD**

**1704 S. LAKE REEDY BLVD**

City & State

City & State

**FROSTPROOF, FL**

**FROSTPROOF, FL**

Zip

Country

Zip

Country

**33843**

**U.S.**

**33843**

**U.S.**

4. FEI Number

**59-2892185**

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

**ROBERGE, JR. W L**  
**212 N. LAKE HARTRIDGE DR.**  
**WINTER HAVEN FL 33881**

Name

**ROBERT V. GANGWISH**

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

**1704 S. LAKE REEDY BLVD**

City

**FROSTPROOF**

FL

Zip Code

**33843**

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

**ROBERT V. GANGWISH SECRETARY/DIRECTOR**

**APR 19, 2000**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES ARE \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GANGWISH, ROBERT</b>	
STREET ADDRESS	<b>1704 SOUTH LAKE REEDY BLVD.</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL 33843</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LONG, JJ</b>	
STREET ADDRESS	<b>400 SUWANNEE RD</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROBERGE, WALTER</b>	
STREET ADDRESS	<b>212 N LAKE HARTRIDGE DR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILLIAMS, KEITH</b>	
STREET ADDRESS	<b>2307 FAIRWAY LANE</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILKES, JOHN</b>	
STREET ADDRESS	<b>2821 THORNHILL RD.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KAPSER, ED</b>	
STREET ADDRESS	<b>126 WALK-IN-WAZER CREEK RD.</b>	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	

TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GANGWISH, ROBERT V.</b>	
STREET ADDRESS	<b>1704 S. LAKE REEDY BLVD</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL 33843</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONG, JJ</b>	
STREET ADDRESS	<b>309 S. LAKE MARIAM DRIVE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33884</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAUL BIZIER</b>	
STREET ADDRESS	<b>P.O. BOX 543</b>	
CITY-ST-ZIP	<b>LAKE ALFRED, FL 33850</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERGE, WALTER</b>	
STREET ADDRESS	<b>212 N. LAKE HARTRIDGE DR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33881</b>	
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: ROBERT V. GANGWISH SECRETARY/TREASURER/DIRECTOR APR 19, 2000 (863) 35-2003**

CR2E037 (9/99)