

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729783

1. Entity Name

RIDGE AREA ASSOCIATION FOR RETARDED CITIZENS, IN

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90016 004 ****61.25

Principal Place of Business

120 E. COLLEGE DR.
AVON PARK FL 33825-9599

Mailing Address

120 E. COLLEGE DR.
AVON PARK FL 33825-9599

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

59-0829984

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DESI L. LEE
120 E. COLLEGE DR.
AVON PARK FL 33825

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33872

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	☐ Delete
NAME	ALDRICH, STEPHEN	
STREET ADDRESS	4512 PITCHING WEDGE WAY	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	☐ Delete
NAME	DIVETRO, VICTOR	
STREET ADDRESS	PO BOX 1389	
CITY-ST-ZIP	SEBRING FL 33871-1389	
TITLE	P	☐ Delete
NAME	ELDRED, MARILYN	
STREET ADDRESS	2749 E. CYPRESSWOOD DR.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	VPD	☒ Delete
NAME	SMITH, DOUG	
STREET ADDRESS	3220 US HWY 27 S	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	TD	☒ Delete
NAME	RUCKMAN, MARJORIE	
STREET ADDRESS	1213 MELODY LANE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	ED	☒ Delete
NAME	DESI L. LEE	
STREET ADDRESS	120 E COLLEGE DR	
CITY-ST-ZIP	AVON PARK FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	☐ Change ☒ Addition
NAME	Harry Ramsland	
STREET ADDRESS	50 meadowlane Cr.	
CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	2V/D	☐ Change ☒ Addition
NAME	Bill McVay	
STREET ADDRESS	1530 N. Oleander Dr.	
CITY-ST-ZIP	Avon Park, FL 33825	
TITLE		☐ Change ☐ 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:

SIGNATURE REQUIRED BOD President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1500

Date

863-471-1715

Daytime Phone #

CR29EN37 10/00