

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729783

Entity Name

RIDGE AREA ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place of Business

Mailing Address

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

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

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

7. Name and Address of New Registered Agent

ALDRICH, STEPHEN
4512 PITCHING WEDGE WAY
SEBRING FL 33872

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALDRICH, STEPHEN	
STREET ADDRESS	4512 PITCHING WEDGE WAY	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIMETRO, VICTOR	
STREET ADDRESS	PO BOX 1389	
CITY-ST-ZIP	SEBRING FL 33871-1389	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELDRD, MARILYN	
STREET ADDRESS	2749 E. CYPRESSWOOD DR.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RAMSLAND, HARRY	
STREET ADDRESS	50 MEADOWLANE CR	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	2VD	<input checked="" type="checkbox"/> Delete
NAME	MCVAY, BILL	
STREET ADDRESS	1530 OLIANDER DRIVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	SD	<input type="checkbox"/> Delete
NAME	QUICK, JANICE	
STREET ADDRESS	3589 SOUTH HIGHLANDS AVENUE	
CITY-ST-ZIP	SEBRING FL 33870	

TITLE	2VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosanna Callahan	
STREET ADDRESS	1831 SE Lakeview Dr	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Vinson	
STREET ADDRESS	2799 W. County Line Rd.	
CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janice Quick-Oliva	
STREET ADDRESS	3246 Wynstone Ct.	
CITY-ST-ZIP	Sebring, FL 33875	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-02

Date

863-471-1715

Daytime Phone #

CR2E037 (9/01)

0081860

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90089 050 ****70.00



DO NOT WRITE IN THIS SPACE