

2000 UNIFORM BUSINESS REPORT (UBR)

1/

DOCUMENT # 746613

1. Entity Name

RIDGEWOOD MOBILE HOME PARK ASSOCIATION, INC.

Principal Place of Business

449 IXORA CIRCLE
VENICE FL 34292

Mailing Address

449 IXORA CIRCLE
VENICE FL 34292-2012

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

59-1971735

Applied For

Not Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKE, MARYBELLE
853 ALLAMANDA CIR
VENICE FL 34292

7. Name and Address of New Registered Agent

Name

LUELLA M. HUBBLING

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

869 Jacaranda Circle

Venice

City

FL

Zip Code
34292

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

Luella M. Hubbling Treasurer

1/17/2000

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	BEAN, DAVID	
STREET ADDRESS	838 ALLAMANDA CIR	
CITY-ST-ZIP	VENICE FL	
TITLE	VD	☒ Delete
NAME	TUCKER, JOHN	
STREET ADDRESS	375 MANDARIN PL	
CITY-ST-ZIP	VENICE, FL 00000	
TITLE	VD	☒ Delete
NAME	COBB, WILLIAM	
STREET ADDRESS	347 ALLAMANDA CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	☒ Delete
NAME	HAWKE, MARYBELLE	
STREET ADDRESS	853 ALLAMANDA CIR	
CITY-ST-ZIP	VENICE, FL 00000	
TITLE	TD	☐ Delete
NAME	HUBBLING, LUELLA	
STREET ADDRESS	869 JACARANDA CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE	D	☒ Delete
NAME	ROCKEY, ALVA	
STREET ADDRESS	828 ALLAMANDA CIR	
CITY-ST-ZIP	VENICE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	TUCKER, JOHN	
STREET ADDRESS	375 Mandarin Place	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	VD	☒ Change ☐ Addition
NAME	MAGUIRE, WALTER	
STREET ADDRESS	345 JACARANDA CIRCLE	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	VD	☒ Change ☐ Addition
NAME	CLAYTON, DENNIS	
STREET ADDRESS	385 MANDARIN PLACE	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	SD	☒ Change ☐ Addition
NAME	BURKE, MARTHA	
STREET ADDRESS	795 JACARANDA CIRCLE	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	HAVELL, LORNE	
STREET ADDRESS	278 JACARANDA CIRCLE	
CITY-ST-ZIP	VENICE, FL 34292	

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:

Luella M. Hubbling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/2000 941-488-5471

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-25-2000 90081 018 ****61.25



DO NOT WRITE IN THIS SPACE