

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 11, 2002 8:00 am**
Secretary of State

03-11-2002 90087 043 ****61.25

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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1971735

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

Name

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

City

FL

Zip Code

**HUBBLING, LUELLA M
869 JACARANDA CIRCLE
VENICE FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	VD	<input checked="" type="checkbox"/> Delete
NAME	MAGUIRE, WALTER	
STREET ADDRESS	345 JACARANDA CIRCLE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TUCKER, JOHN	
STREET ADDRESS	375 MANDARIN PLACE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLAYTON, DENNIS	
STREET ADDRESS	385 MANDARIN PLACE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BURKE, MARTHA	
STREET ADDRESS	795 JACARANDA CIRCLE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUBBLING, LUELLA	
STREET ADDRESS	869 JACARANDA CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAVELL, LORNE	
STREET ADDRESS	278 JACARANDA CIRCLE	
CITY-ST-ZIP	VENICE FL 34292	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adamson, Harold	
STREET ADDRESS	807 Ixora Circle	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hawke, Richard	
STREET ADDRESS	853 Allamanda Circle	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hollenbeck, Dave	
STREET ADDRESS	737 Allamanda Circle	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rudio, Florence	
STREET ADDRESS	255 Ixora Circle	
CITY-ST-ZIP	Venice, FL 34292	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LueLLa M. Hubbling

Date

Daytime Phone #

2/12/02 941-488-5471

CR2E037 (9/01)