2001 UNIFORM BUSINESS REPORT (UBR)

Mar 15, 2001 8:00 am DOCUMENT # N9600000326 **Secretary of State** 1. Entity Name PINE RIDGE RIDERS ORGANIZATION, INC. 03-15-2001 90007 004 ****70 00 Principal Place of Business Mailing Address 5690 W. PINE RIDGE BLVD. 5690 W. PINE RIDGE BLVD. **BEVERLY HILLS FL 34465 BEVERLY HILLS FL 34465** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FFI Number APPLIED FOR Not Applicable Zip Country Zin Country \$8.75 Additional Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) WETHEREL, PATRICIA 3946 N. PONY DRIVE **BEVERLY HILLS FL 34465** City 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) FILE NOW: 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. P/D BRAITHWAITE, KAREN Addition TITLE ☐ Delete TITLE Change TROMBLEY, JEANETTE NAME 4905 NORTH PINTO LOOP STREET ADDRESS STREET ADDRESS 4165 N. PONY DRIVE BEVERLY HILLS, FL 34465 CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS FL 34465** TITLE ☐ Delete TITLE ☐ Change Addition WETHEREL, PATRICIA WETHEREL. PATRICIA NAME 3946 N. PONY DRIVE STREET ADDRESS 3946 N. PONY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BEVERLY HILLS FL 34465 BEVERLY HILLS, FL 34465 Delete TITLE Change ☐ Addition TITLE DIFILIPPO, LACEY NEWTON, FAITH 4749 N. PERRY DRIVE NAME NAME STREET ADDRESS 5538 BRAVADO TERR. STREET ADDRESS **BEVERLY HILLS FL 34465** CITY-ST-ZIP BEVERLY HILLS, FL 34465 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE LAWTON, KENNETH NAME NAME 944 W. COLBER CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BEVERLY HILLS, FL Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE : 3 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 i changed, or on an attachment with an address, with all other like empowered.