

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90006 009 \*\*\*\*61.25

**DOCUMENT # N96000000901**

1. Entity Name

**RIDGE LIVE STEAMERS, INC.**

Principal Place of Business

Mailing Address

230 23RD ST SW  
 WINTER HAVEN FL 33880

230 23RD ST SW  
 WINTER HAVEN FL 33880-2523

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**7750 N. SCENIC HWY.**

Suite, Apt. #, etc.

**7750 N. SCENIC HWY**

City & State

**LAKE WALES, FL**

City & State

**LAKE WALES, FL**

4. FEI Number

**59-3366323**

Applied For

Not Applicable

Zip

**33853**

Country

Zip

**33853**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOBLER, RICHARD D**  
 230 23RD ST., SW  
 WINTER HAVEN FL 33880

Name **RICHARD D. DOBLER**

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

**7750 N. SCENIC HIGHWAY**

City **LAKE WALES**

**FL**

Zip Code **33853**

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

*Richard D. Dobler*

**RICHARD D. DOBLER**

**1-19-00**

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 **D**  Delete  
 NAME **VANSICKLE, JULIEN E**  
 STREET ADDRESS **540 BRACEY RD**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **WALTER, HENRY W JR**  
 STREET ADDRESS **1625 BUENA VISTA DR**  
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **DOBLER, RICHARD D**  
 STREET ADDRESS **230 23RD ST SW**  
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **D**  Change  Addition  
 NAME **DOBLER, RICHARD D.**  
 STREET ADDRESS **7750 N. SCENIC HWY**  
 CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **D**  Delete  
 NAME **ELSTON, JACK**  
 STREET ADDRESS **305 W TOM COSTINE RD**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **D**  Change  Addition  
 NAME **NEWCOMB, ALLEN P.**  
 STREET ADDRESS **433 SEAWANG CIRCLE**  
 CITY-ST-ZIP **AUBURNDALE, FL 33823**

TITLE **D**  Delete  
 NAME **COLLINS, JOHN**  
 STREET ADDRESS **1205 BRIAR PARK WAY**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **NASH, JOE**  
 STREET ADDRESS **2634 TWELVE POINT DR**  
 CITY-ST-ZIP **LAKELAND FL 33811**

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:

*Richard D. Dobler* **RICHARD D. DOBLER**

**1-19-00**

**863-499-2830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #