

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90168 047 ****61.25

DOCUMENT # N96000000901

1. Entity Name
RIDGE LIVE STEAMERS, INC.



Principal Place of Business
**7750 N SCENIC HWY
LAKE WALES FL 33898**

Mailing Address
**7750 N SCENIC HWY
LAKE WALES FL 33898**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3366323**

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

**DOBLER, RICHARD D
7750 N SCENIC HIGHWAY
LAKE WALES FL 33853**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VANSICKLE, JULIEN E | |
| STREET ADDRESS | 540 BRACEY RD | |
| CITY-ST-ZIP | LAKELAND FL 33809 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WALTER, HENRY W JR | |
| STREET ADDRESS | 1625 BUENA VISTA DR | |
| CITY-ST-ZIP | EUSTIS FL 32726 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DOBLER, RICHARD D | |
| STREET ADDRESS | 7750 N SCENIC HWY | |
| CITY-ST-ZIP | LAKE WALES FL 33898 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NEWCOMB, ALLEN P | |
| STREET ADDRESS | 433 SEAWANG CIRCLE | |
| CITY-ST-ZIP | AUBURNDALE FL 33823 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COLLINS, JOHN | |
| STREET ADDRESS | 1205 BRIAR PARK WAY | |
| CITY-ST-ZIP | VALRICO FL 33594 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NASH, JOE | |
| STREET ADDRESS | 2634 TWELVE POINT DR | |
| CITY-ST-ZIP | LAKELAND FL 33811 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E037 (10/02)

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** *D. DOBLER* **2-24-03** **863-494-2830**