

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90089 037 \*\*\*\*61.25

**DOCUMENT # N96000005374**

1. Entity Name

**RIDGE MANOR NEWS, INC.**

Principal Place of Business

Mailing Address

34508 CORTEZ BLVD.  
 RIDGE MANOR FL 33523

34508 CORTEZ BLVD.  
 RIDGE MANOR FL 33523-8965

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2865921**

Applied For

Not Applicable

Zip

Country

Zip

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

**BRAND, VICTORIA**  
**34508 CORTEZ BLVD.**  
**RIDGE MANOR FL 33523**

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.

SIGNATURE

*Victoria Brand*

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 <input checked="" type="checkbox"/> Delete	TITLE	(President) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWES, JAMES	NAME	Buckington, Richard
STREET ADDRESS	6060 IDLE-A-WHILE CIRCLE	STREET ADDRESS	33449 Ohio Ave.
CITY-ST-ZIP	RIDGE MANOR FL 33523	CITY-ST-ZIP	Ridge Manor, FL. 33523
TITLE	PD <input type="checkbox"/> Delete	TITLE	Robert Boyd (V-President) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKINGHAM, RICHARD	NAME	34405 Orchid Parkway
STREET ADDRESS	33449 OHIO AVENUE	STREET ADDRESS	Ridge Manor, FL. 33523
CITY-ST-ZIP	RIDGE MANOR FL. 33523	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	Sallie Auld (Secretary) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZSIMMONS, PRESTON	NAME	5155 Lakewood Drive
STREET ADDRESS	33456 CORTEZ BLVD	STREET ADDRESS	Ridge Manor, FL. 33523
CITY-ST-ZIP	RIDGE MANOR FL 33523	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	Joan Harrison (Director) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAND, VICTORIA	NAME	34903 Romar St.
STREET ADDRESS	5033 LAKE WOOD DR	STREET ADDRESS	Ridge Manor, FL. 33523
CITY-ST-ZIP	RIDGE MANOR FL 33523	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Claire Walters (Director) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLUSARZ, MERCEDES	NAME	34383 Whispering Oaks Blvd.
STREET ADDRESS	6096 FAIRWAY DR	STREET ADDRESS	Ridge Manor, FL. 33523
CITY-ST-ZIP	RIDGE MANOR FL 33523	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Melvin Hall (Director) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENMORE, STANLEY	NAME	5125 Westlake Blvd.
STREET ADDRESS	35131 WHISPERING OAKS DR	STREET ADDRESS	Ridge Manor, FL. 33523
CITY-ST-ZIP	RIDGE MANOR FL 33523	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:

*Victoria Brand*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 27, 2000*

Date

*352-583-4553*

Daytime Phone #

CR2E037 (9/99)