

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90063 036 \*\*\*\*61.25

0076926

**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**

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 \_\_\_\_\_

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  Delete  
 NAME **P BUCKINGTON, RICHARD**  
 STREET ADDRESS **33449 OHIO AVE**  
 CITY-ST-ZIP **RIDGE MANOR FL 33523**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP BOYD, ROBERT**  
 STREET ADDRESS **34405 ORCHID PKWY**  
 CITY-ST-ZIP **RIDGE MANOR FL 33523**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S AULD, SALLIE**  
 STREET ADDRESS **5155 LAKEWOOD DR**  
 CITY-ST-ZIP **RIDGE MANOR FL 33523**

TITLE  Change  Addition  
 NAME **S PAULINE MILLER**  
 STREET ADDRESS **5067 LAKEWOOD DR.**  
 CITY-ST-ZIP **RIDGE MANOR, FL. 33523**

TITLE  Delete  
 NAME **D HARRISON, JOAN**  
 STREET ADDRESS **34903 ROMAR ST**  
 CITY-ST-ZIP **RIDGE MANOR FL 33523**

TITLE  Change  Addition  
 NAME **D HOWARD CHRISTOPHER**  
 STREET ADDRESS **34631 ORCHID PKWY.**  
 CITY-ST-ZIP **RIDGE MANOR, FL. 33523**

TITLE  Delete  
 NAME **D WALTERS, CLAIRE**  
 STREET ADDRESS **34383 WHISPERING OAKS BLVD**  
 CITY-ST-ZIP **RIDGE MANOR FL 33523**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D HALL, MELVIN**  
 STREET ADDRESS **5125 WESTLAKE BLVD**  
 CITY-ST-ZIP **RIDGE MANOR FL 33523**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Victoria Brand*

**2-14-02**

Date

**352-583-4553**

Daytime Phone #

CR2E037 (9/01)