


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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90131 024 ****61.25

DOCUMENT # N96000005374

1. Entity Name
RIDGE MANOR NEWS, INC.



Principal Place of Business
**34508 CORTEZ BLVD.
RIDGE MANOR FL 33523**

Mailing Address
**34508 CORTEZ BLVD.
RIDGE MANOR FL 33523**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRAND, VICTORIA
34508 CORTEZ BLVD.
RIDGE MANOR FL 33523

7. Name and Address of New Registered Agent

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 *Victoria Brand* **4-5-03**
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

TITLE	P	<input type="checkbox"/> Delete
NAME	BUCKINGTON, RICHARD	
STREET ADDRESS	33449 OHIO AVE	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, PAULINE	
STREET ADDRESS	5067 LAKEWOOD DR	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	AULD, SALLIE	
STREET ADDRESS	5155 LAKEWOOD DR	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTOPHER, HOWARD	
STREET ADDRESS	34631 ORCHID PKWY	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALTERS, CLAIRE	
STREET ADDRESS	34383 WHISPERING OAKS BLVD	
CITY-ST-ZIP	RIDGE MANOR FL 33523	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, MELVIN	
STREET ADDRESS	5125 WESTLAKE BLVD	
CITY-ST-ZIP	RIDGE MANOR FL 33523	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT:	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELVIN HALL	
STREET ADDRESS	5135 WESTLAKE BLVD	
CITY-ST-ZIP	RIDGE MANOR, FL. 33523	
TITLE	V. PRESIDENT:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT BOYD	
STREET ADDRESS	34405 ORCHID PKWY	
CITY-ST-ZIP	RIDGE MANOR, FL. 33523	
TITLE	SECRETARY:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULINE MILLER	
STREET ADDRESS	5067 LAKEWOOD DR.	
CITY-ST-ZIP	RIDGE MANOR, FL	
TITLE	DIR:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAT LEHECKA	
STREET ADDRESS	34405 CEDAR FIELD	
CITY-ST-ZIP	RIDGE MANOR, FL. 33523	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Victoria Brand* **4-5-03** **352-583-4553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)