

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005474

1. Entity Name

THE RIDGE IRRIGATION COOPERATIVE

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90027 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

STATE ROAD 540  
 P.O. BOX 287  
 WAVERLY FL 33877

STATE ROAD 540  
 P.O. BOX 287  
 WAVERLY FL 33877-0287



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0324290

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SAMMONS, ROBERT O  
 1552 SIXTH STREET SE  
 WINTER HAVEN FL 33880

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	D	<input type="checkbox"/> Delete
NAME	HUSTED, JOHN	
STREET ADDRESS	242 KILMER LANE SE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMULLEN, BILL	
STREET ADDRESS	242 KILMER LANE SE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, GRADY	
STREET ADDRESS	P.O. BOX 221	
CITY-ST-ZIP	WAVERLY FL 33877	
TITLE	T	<input type="checkbox"/> Delete
NAME	TEIXEIRA, A. ALLAN	
STREET ADDRESS	456 19TH ST SE	
CITY-ST-ZIP	WINTER HAVEN FL 33884-1135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Allan Teixeira 04/18/00 (863)439-3602  
 Date Daytime Phone #

CR2E037 19/99