

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90005 026 ****61.25

DOCUMENT # N98000005474

1. Entity Name

THE RIDGE IRRIGATION COOPERATIVE

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0324290

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

**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 ☐ Delete
NAME **D**
STREET ADDRESS **HUSTED, JOHN**
CITY-ST-ZIP **242 KILMER LANE SE
WINTER HAVEN FL 33884**

TITLE ☐ Change ☐ Addition
NAME ~~242 KILMER LANE SE~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCMULLEN, BILL**
CITY-ST-ZIP **242 KILMER LANE SE
WINTER HAVEN FL 33884**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **223 Lake Link Road S.E.**
CITY-ST-ZIP **Winter Haven FL 33884**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WARD, GRADY**
CITY-ST-ZIP **P.O. BOX 221
WAVERLY FL 33877**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **TEIXEIRA, A. ALLAN**
CITY-ST-ZIP **456 19TH ST SE
WINTER HAVEN FL 33884-1135**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **PO Box 287**
CITY-ST-ZIP **Waverly, FL 33877**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/01

CR2E037 (10/00)