

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 200836

1. Entity Name

THE RIDGE, INC.

Principal Place of Business

THE RIDGE CO-OP APTS  
3401 S OCEAN BLVD  
HIGHLAND BEACH FL 33487-2584

Mailing Address

THE RIDGE CO-OP APTS  
3401 S OCEAN BLVD  
HIGHLAND BEACH FL 33487-2518

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1206804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GALLOPO, CHARLES  
3401 SO OCEAN BLVD APT 3.  
HIGHLAND BEACH FL 33487

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	GALLOPO, CHARLES	
STREET ADDRESS	3401 SO OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANK, ELEANOR	
STREET ADDRESS	3401 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EYPEL, ARTHUR G	
STREET ADDRESS	3401-S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CANTIN, EDMOND	
STREET ADDRESS	90 BERLIOZ NUN ISLAND	
CITY-ST-ZIP	MONTREAL, CANADA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDY, HAROLD	
STREET ADDRESS	3401 S. OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LIPPMAN, RICHARD	
STREET ADDRESS	3401 SO. OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Treasurer	<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" 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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

3-22-00

Date

561-278-4801

Daytime Phone #

CRPF034 (9/99)