

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90064 017 ***150.00

0406921 AV

DOCUMENT # 200836
 1. Entity Name
THE RIDGE, INC.

Principal Place of Business Mailing Address
THE RIDGE CO-OP APTS **THE RIDGE CO-OP APTS**
3401 S OCEAN BLVD **3401 S OCEAN BLVD**
HIGHLAND BEACH FL 33487-2584 **HIGHLAND BEACH FL 33487-2584**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1206804				Applied For
				Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
LIPPMAN, RICHARD 3401 SO OCEAN BLVD APT 1 HIGHLAND BEACH FL 33487				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 _____ (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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	D BARTKIL, STEPHEN	<input type="checkbox"/> Delete		TITLE NAME	Bartkiw, Stephen	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	3401 SO OCEAN BLVD			STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BCH FL			CITY-ST-ZIP			
TITLE NAME	V FRANK, ELEANOR	<input type="checkbox"/> Delete		TITLE NAME	Frank, Franklin	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	3401 S OCEAN BLVD			STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BCH FL			CITY-ST-ZIP			
TITLE NAME	P EYPEL, ARTHUR G	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	3401-S OCEAN BLVD			STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BCH FL			CITY-ST-ZIP			
TITLE NAME	D CANTIN, EDMOND	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	90 BERLIOZ NUN ISLAND			STREET ADDRESS			
CITY-ST-ZIP	MONTREAL, CANADA			CITY-ST-ZIP			
TITLE NAME	S HAROY, LENORE	<input type="checkbox"/> Delete		TITLE NAME	Hardy, Lenore	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	3401 S. OCEAN BLVD.			STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BCH FL			CITY-ST-ZIP			
TITLE NAME	T LIPPMAN, RICHARD	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	3401 SO. OCEAN BLVD			STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BCH FL			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]* 3/21/02 (813) 279-7124
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)