

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90114 019 ***150.00

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 33487-2584**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1206804**

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

**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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTKIW, STEPHEN	NAME	
STREET ADDRESS	3401 SO OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, FRANK	NAME	
STREET ADDRESS	3401 S OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EYPEL, ARTHUR G	NAME	
STREET ADDRESS	3401-S OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTIN, EDMOND	NAME	
STREET ADDRESS	90 BERLIOZ NUN ISLAND	STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, CANADA	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, LENORE	NAME	
STREET ADDRESS	3401 S. OCEAN BLVD.	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPMAN, RICHARD	NAME	
STREET ADDRESS	3401 SO. OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL	CITY-ST-ZIP	

CR2E034 (10/02)

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 607, 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 REQUIRED** Lippman Thomas 2/24/03 521-279-7124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #