

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # 190313**1. Entity Name
RIDGE MANOR PROPERTIES, INC.**Principal Place of Business**7628 N 56TH STREET
PO BOX 291973
TAMPA
33687

FL

Mailing Address7628 N 56TH STREET
PO BOX 291973
TAMPA
33687

FL

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**59-1166479**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**WHITNEY, ELIZABETH M.**
700 BEACH DRIVE N.E., #502**ST. PETERSBURG**
33701

US

FL

7. Name and Address of New Registered Agent

Name

WHITNEY ELIZABETH MPRES

Street Address (P.O. Box Number is Not Acceptable)

700 BEACH DRIVE N.E., #502

City

ST. PETERSBURG**FL**Zip Code
33701

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 **ELIZABETH M. WHITNEY****04/27/2001**

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, 2001 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 DVS ☐ Delete
NAME **WHITNEY, JAMES R**
STREET ADDRESS **1205 LADY GUINEVERE**
CITY-ST-ZIP **VALRICO FL 33594**TITLE DVS ☒ Change ☐ Addition
NAME **WHITNEY JAMES R**
STREET ADDRESS **1408 DIERDRE DRIVE**
CITY-ST-ZIP **RUSKIN FL 33570**TITLE D ☐ Delete
NAME **WHITNEY, KENNETH S**
STREET ADDRESS **3534 N.W. 40TH ST.**
CITY-ST-ZIP **GAINESVILLE, FL 00000**TITLE D ☒ Change ☐ Addition
NAME **WHITNEY KENNETH S**
STREET ADDRESS **3534 N.W. 40TH ST.**
CITY-ST-ZIP **GAINESVILLE FL 32606**TITLE PD ☐ Delete
NAME **WHITNEY, ELIZABETH**
STREET ADDRESS **700 BEACH DR NE, #502**
CITY-ST-ZIP **ST PETE, FL 00000**TITLE PD ☒ Change ☐ Addition
NAME **WHITNEY ELIZABETH M**
STREET ADDRESS **700 BEACH DR NE, #502**
CITY-ST-ZIP **ST PETE FL 33701**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: JAMES R. WHITNEY

DVS

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)