FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2002 8:00 am Secretary of State DOCUMENT # 190313 1. Entity Name 02-12-2002 90109 004 ***150 00 RIDGE MANOR PROPERTIES.INC. Principal Place of Business Mailing Address 7628 N 56TH STREET 7628 N 56TH STREET PO BOX 291973 PO BOX 291973 TAMPA FL 33687 **TAMPA FL 33687** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1166479 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITNEY, ELIZABETH M PRES Street Address (P.O. Box Number is Not Acceptable) 700 BEACH DRIVE N.E., #502 ST. PETERSBURG FL 33701 Zip Code Fl 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (10/6) TITLE TITLE ☐ Change Addition □ Delete NAME WHITNEY, ELIZABETH M NAME CR2E034 STREET ADDRESS STREET ADDRESS 700 BEACH DR NE. #502 CITY-ST-ZIP ST PETE FL 33701 CITY-ST-ZIP Delete Change Addition TITLE NAME WHITNEY, KENNETH S NAME STREET ADDRESS STREET ADDRESS 3534 N.W. 40TH ST. CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32606** Delete TITLE TITLE Change ☐ Addition. whitney, James R NAME NAME _ STREET ADDRESS STREET ADDRESS 1408 DIERDRE DRIVE CITY-ST-ZIP CITY-ST-ZIP RUSKIN FL 33570 TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empow