

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 292232

1. Entity Name

RIDGE SEMINOLE MANAGEMENT CORPORATION

Principal Place of Business

8275-113TH ST. N.
SEMINOLE FL 34642

Mailing Address

8275-113TH ST. N.
SEMINOLE FL 34642

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
33772

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
33772

Country

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90003 023 ***150.00

900376



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1101514**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASTLES, ROBERT G.
8330 112TH ST N
SEMINOLE FL 34642

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code
33772

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEACOCK, TOMMAY 8330 112 ST N SEMINOLE, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PEACOCK, CASSIUS L JR 8330 112 ST N SEMINOLE, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTLES, ROBERT G 8330 112 STREET N SEMINOLE, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTLES, LORENA 8330 112 ST N SEMINOLE, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Lorena P. Castles

LORENA P. CASTLES

1/5/01

727-397-2534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)