

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90050 022 ***150.00

00042004 AV

DOCUMENT # 311990

1. Entity Name

RIDGWAY ENTERPRISES, INC.

Principal Place of Business

**4001 NEWBERRY RD B02
 GAINESVILLE FL 32607
 US**

Mailing Address

**4001 NEWBERRY RD B-2
 GAINESVILLE FL 32607
 US**

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

59-1145924

Applied For

Not Applicable

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

**RIDGWAY, LOUISE B.
 1716 N.W. 22ND DRIVE
 GAINESVILLE FL 32605**

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

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, 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 | P | <input type="checkbox"/> Delete |
| NAME | RIDGWAY, LOUISE B. | |
| STREET ADDRESS | 1716 N.W. 22ND DRIVE | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | HOLLYFIELD, JUDITH | |
| STREET ADDRESS | 1411 ANDOVER ROAD | |
| CITY-ST-ZIP | CHARLOTTE NC | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | HOLLIFIELD, DAVID | |
| STREET ADDRESS | 1411 ANDOVER ROAD | |
| CITY-ST-ZIP | CHARLOTTE NC | |
| TITLE | ECV | <input type="checkbox"/> Delete |
| NAME | BRENNEMAN, FREDRICK | |
| STREET ADDRESS | 4096 N.W. 37TH TERRACE | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | BRENNEMAN, JANICE R. | |
| STREET ADDRESS | 4096 N.W. 37TH TERRACE | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 or without like empowered.

SIGNATURE:

NOT REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02
 Date

(352) 372-4337
 Daytime Phone #

CR2E034 (9/01)