

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 332758

1. Entity Name
RIDGE FUEL COMPANY

Principal Place of Business
1 SO. LAKE AVE
AVON PARK FLA 33825

Mailing Address
1 SO. LAKE AVE
AVON PARK FLA 33825

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 59-1214290

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

WELCH JR, J FRANKLIN
804 E CAMPHOR ST
AVON PARK FL 33825

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 *J. F. Welch Jr*
Signature, typed or printed name of registered agent and if applicable

J FRANKLIN WELCH, JR

8/1/01

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME WELCH JR, J FRANKLIN
STREET ADDRESS 1 SO. LAKE AVE.
CITY-ST-ZIP AVON PARK FL

☐ Delete

TITLE
NAME 600004559906--3
STREET ADDRESS -08/28/01--01053--017
CITY-ST-ZIP *****900.00 *****900.00

☐ Change ☐ Addition

TITLE VD
NAME WELCH, GLENN E
STREET ADDRESS 1 SO. LAKE AVE.
CITY-ST-ZIP AVON PARK FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME WELCH, MAE F
STREET ADDRESS 1 SO. LAKE AVE.
CITY-ST-ZIP AVON PARK FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: *MAE F WELCH* REQUIRED *MAE F WELCH* STD 2/16/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

01 AUG 13 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

REINSTATEMENT