

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 348451**

1. Entity Name

FLORIDA RIDGE UTILITIES CORP.**FILED**
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90112 025 ***150.00

Principal Place of Business

**2300 ECON CIR
ORLANDO FL 32817
US**

Mailing Address

**PO BOX 677639
ORLANDO FL 32867-7639
US**2. Principal Place of Business
1406 Hays Street3. Mailing Address c/o Nat'l Corp.
**Research, Ltd., Inc., 1406 Hays
Street**Suite, Apt. #, etc.
Suite 2Suite, Apt. #, etc.
Suite 2City & State
Tallahassee, FLCity & State
Tallahassee, FL4. FEI Number **59-1295647**Applied For
Not ApplicableZip
32301

Country

Zip
32301

Country

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

**NATIONAL CORPORATE RESEARCH LTD., INC.
1406 HAYS STREET, SUITE 2
TALLAHASSEE FL 32301**

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTD
VACHANI, MOHAN
641 LEXINGTON AVE., 6TH FL
NEW YORK NY** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WALL, JAMES
333 RIO RANCHO DR., NE
RIO RANCHO NM** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SULLIVAN, GARY
333 RIO RANCHO DRIVE, N.E.
RIO RANCHO NM** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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: **Mohan Vachani** **MOHAN VACHANI** **4-28-00** **505 896-9034**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #