

2002 UNIFORM BUSINESS REPORT (UBR)

04/29/03 AV

DOCUMENT # **636832**

1. Entity Name
RIDGE BUILDERS, INC.

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 MAR 12 AM 11:37

Principal Place of Business
**707 JONES AVE
HAINES CITY FL 33844**

Mailing Address
**707 JONES AVE
HAINES CITY FL 33844**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1938405**

Applied For
Not Applicable

Zip

Country

Zip

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

**KEY, HERBERT W.
143 PALM PLACE
HAINES CITY FL**

Name
Robert C. Nettleton

Street Address (P.O. Box Number is Not Acceptable)
30 North 6th Street

City
Haines City

FL

Zip Code
33844

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

03/06/02

(Signature, type 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KEY, HERBERT W.
143 PALM PLACE
HAINES CITY FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KEY, BETTY J.
143 PALM PLACE
HAINES CITY FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KEY, BEVERLY R
614 LYLE AVENUE
HAINES CITY FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KEY, POLLY ANN
143 PALM PLACE
HAINES CITY FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
ESTATE OF HERBERT W. KEY, DECEASED
143 Palm Place
Haines City, FL 33844** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**600005145266--6
-03/22/02--01005--025
****150.00 ****150.00** ☐ Change ☐ Addition

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

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

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.

Estate of Herbert W. Key, Deceased

SIGNATURE: By: **Betty J. Key**

03/06/02

863-422-3309

(SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (9/01)