

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704782

1. Entity Name

THE KWANIS CLUB OF RIDGE MANOR, INC.

FILED

00 FEB 29 AM 10:26

SECRET
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

34244 CORTEZ BLVD
RIDGE MANOR FL 33523
US

Mailing Address

34244 CORTEZ BLVD
RIDGE MANOR FL 33523-8974
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

70-4782610

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

CUMMINGS, DEBRA A
6143 FAIRWAY DR
RIDGE MANOR FL 33523

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD
NAME SICKLER, CATHERINE
STREET ADDRESS 6026 IDLE-A-WHILE CR
CITY-ST-ZIP RIDGE MANOR FL 33523 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800003164798-7
CITY-ST-ZIP -03/10/00-01010-013
*****61.25 *****61.25

TITLE D
NAME BAKER, JANET
STREET ADDRESS 5341 TOWER ST
CITY-ST-ZIP RIDGE MANOR FL 33523 ☐ Delete

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

TITLE D
NAME ARNOLD, MACK
STREET ADDRESS 5027 CARDINAL DR
CITY-ST-ZIP RIDGE MANOR FL 33523 ☐ Delete

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

TITLE TD
NAME CUMMINGS, DEBRA
STREET ADDRESS 6143 FAIRWAY DR
CITY-ST-ZIP RIDGE MANOR FL 33523 ☒ Delete

TITLE TD
NAME Harris, James W.
STREET ADDRESS 24304 Holden Dr.
CITY-ST-ZIP Brooksville FL 34601 ☐ Change ☐ Addition

TITLE PD
NAME WHITACRE, DENIS
STREET ADDRESS P O BOX 642 N/A
CITY-ST-ZIP LACOOCHIEE FL 33537 ☒ Delete

TITLE PD
NAME Cummings, Debra
STREET ADDRESS 6143 Fairway Dr.
CITY-ST-ZIP Ridge Manor FL 33523 ☐ Change ☐ Addition

TITLE SD
NAME HALL, ANDREA
STREET ADDRESS 34162 OAK HAMMOCK DR
CITY-ST-ZIP RIDGE MANOR FL 33523 ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/2000 352-540-9599