

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710825

1. Entity Name

FRIENDS OF RIDGECREST, INC.

Principal Place of Business

Mailing Address

2253-119TH ST.,N.
LARGO FL 33778

2253-119TH ST.,N.
LARGO FL 33778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, WAYMAN B.
1090 16TH AVENUE S.W.
LARGO FL 33770

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
After September 12, 2001, min. will be \$236.25

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 PD
NAME BEAL, TASKER JR.
STREET ADDRESS 1731 TAYLOR LAKE PLACE
CITY-ST-ZIP LARGO FL 33778 ☐ Delete

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

TITLE SD
NAME POINSETTA, JUANITA
STREET ADDRESS 2232 2ND WAY S.W.
CITY-ST-ZIP LARGO FL 33778 ☐ Delete

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

TITLE TD
NAME BAILEY, WAYMAN
STREET ADDRESS 1090 16TH AVENUE S.W.
CITY-ST-ZIP LARGO FL 33778 ☐ Delete

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

TITLE ATD
NAME WATERS, GENEVA
STREET ADDRESS 12001 BELCHER RD, APT. N224
CITY-ST-ZIP LARGO FL 33773 ☐ Delete

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

TITLE VP
NAME MCCOWTHAN, WANDA
STREET ADDRESS 1474 CROSBY STREET
CITY-ST-ZIP LARGO FL 33778 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 like empowered.

SIGNATURE:

Tasker Beal, Jr. REQUIRED

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90006 003 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)

7/27/01 727 547-0600 x-4465