

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90066 028 ****61.25

DOCUMENT # 770350

1. Entity Name

THE RIDGE ROLLAWAYS SQUARE AND ROUND DANCE CLUB,

Principal Place of Business

Mailing Address

% JAMES H. MESSER
4344 DUFFER LOOP
SEBRING FL 33872
US

% JAMES H. MESSER
4344 DUFFER LOOP
SEBRING FL 33872
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

ROBERT ROBERTSON

ROBERT ROBERTSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2204 BARBADOS AVE W.

2204 BARBADOS AVE W.

City & State
SEBRING, FL

City & State
SEBRING, FL

4. FEI Number

59-6593044

Applied For

Not Applicable

Zip Country
33872 HIGHLANDS

Zip Country
33872 HIGHLANDS

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

ROBERTSON, ROBERT
3414 GULF HAVEN TERR.
SEBRING FL 33872

Name
RODNEY HOOVER

Street Address (P.O. Box Number is Not Acceptable)

2673 ISLAND DR.

City
SEBRING

FL

Zip Code
33872

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

RODNEY HOOVER

4-2-01

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 PD
NAME ROBERTSON, ROBERT
STREET ADDRESS 3414 GULF HAVEN TERR.
CITY-ST-ZIP SEBRING FL 33872 ☐ Delete

TITLE PD
NAME RODNEY HOOVER ☒ Change ☐ Addition
STREET ADDRESS 2673 ISLAND DR
CITY-ST-ZIP SEBRING, FL 33872

TITLE VP
NAME PAULE, ROBERT C
STREET ADDRESS 4802 LAKE HAVEN BLVD
CITY-ST-ZIP SEBRING FL 33872 ☐ Delete

TITLE VP
NAME RITA M. FOX ☒ Change ☐ Addition
STREET ADDRESS 3414 GULF HAVEN TERR.
CITY-ST-ZIP SEBRING, FL 33872

TITLE T
NAME JAMES H. MESSER
STREET ADDRESS 4344 DUFFER LOOP
CITY-ST-ZIP SEBRING FL ☐ Delete

TITLE T
NAME ROBERT ROBERTSON ☒ Change ☐ Addition
STREET ADDRESS 2204 BARBADOS AVE W
CITY-ST-ZIP SEBRING, FL 33872

TITLE S
NAME PAULE, JOAN
STREET ADDRESS 4802 LAKE HAVEN BLVD
CITY-ST-ZIP SEBRING FL ☐ Delete

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

TITLE D
NAME DILLON, FANCES
STREET ADDRESS 2635 WART ROAD
CITY-ST-ZIP SEBRING FL 33872 ☐ Delete

TITLE D
NAME ROBERT C. PAULE ☐ Change ☐ Addition
STREET ADDRESS 4802 LAKE HAVEN BLVD
CITY-ST-ZIP SEBRING, FL 33872

TITLE D
NAME JEFF BENNET
STREET ADDRESS 2700 DUFFER RD.
CITY-ST-ZIP SEBRING FL ☐ Delete

TITLE
NAME SAME ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01 863-314-9431

Date

Daytime Phone #

CR2E037 (10/00)