

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90022 044 ****61.25

DOCUMENT # 770350

1. Entity Name

THE RIDGE ROLLAWAYS SQUARE AND ROUND DANCE CLUB, INC.

Principal Place of Business

Mailing Address

ROBERT ROBERTSON
2204 BARBADOS AVE W
SEBRING FL 33872
US

ROBERT ROBERTSON
2204 BARBADOS AVE W
SEBRING FL 33872
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

910 JOHN R HOOVER
 Suite, Apt. #, etc.

910 JOHN R HOOVER
 Suite, Apt. #, etc.

2623 ISLAND DRIVE
 City & State

2623 ISLAND DRIVE
 City & State

SEBRING FL
 Zip

SEBRING FL
 Zip

33872-7630
 Country

33872-7630
 Country

4. FEI Number **59-6593044**

Applied For
 Not Applicable

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

JOHN R.
HOOVER, RODNEY
2623 ISLAND DR
SEBRING FL 33872

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 **PD** ☐ Delete
 NAME **HOOVER, RODNEY**
 STREET ADDRESS **2623 ISLAND DR**
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☒ Change ☐ Addition
 NAME **HOOVER, JOHN R. (59 CORRECT NAME)**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **FOX, RITA M**
 STREET ADDRESS **3414 GOLF HAVEN TERR**
 CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☒ Change ☐ Addition
 NAME **VP HOLLOWAY, JOHN D.**
 STREET ADDRESS **613 DEEN BLVD.**
 CITY-ST-ZIP **LAKE PLACID, FL 33852**

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

TITLE ☒ Change ☐ Addition
 NAME **JOHN WOODF**
 STREET ADDRESS **1190 WINDY LAKE BLVD, S.**
 CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **S** ☐ Delete
 NAME **PAULE, JOAN**
 STREET ADDRESS **4802 LAKE HAVEN BLVD**
 CITY-ST-ZIP **SEBRING FL 33872**

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

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

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

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

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

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: JOHN R. HOOVER, PRESIDENT **23 APR 02** **813-382-4108**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)