

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90235 029 ****61.25

DOCUMENT # 770350

1. Entity Name

THE RIDGE ROLLAWAYS SQUARE AND ROUND DANCE CLUB, INC.



Principal Place of Business

C/O JOHN R HOOVER
2623 ISLAND DRIVE
SEBRING FL 33872-7630
US

Mailing Address

C/O JOHN R HOOVER
2623 ISLAND DRIVE
SEBRING FL 33872-7630
US

2. Principal Place of Business

C/O JOHN R. WOOLF
Suite, Apt. #, etc.
1190 WHISPER LAKE BLVD S
City & State
SEBRING FL

3. Mailing Address

C/O JOHN R. WOOLF
Suite, Apt. #, etc.
1190 WHISPER LAKE BLVD S
City & State
SEBRING FL



☐ CHECK HERE IF MAKING CHANGES

Zip
33870

Country
U.S.

Zip
33870

Country
U.S.

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

HOOVER, JOHN R
2623 ISLAND DR
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name **JOHN R. WOOLF**
Street Address (P.O. Box Number is Not Acceptable)
1190 WHISPER LAKE BLVD S
SEBRING
City **FL** Zip Code **33870**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOHN R. WOOLF**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

3-14-03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOOVER, JOHN R	
STREET ADDRESS	2623 ISLAND DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOLLOWAY, JOHN D	
STREET ADDRESS	613 DEEN BLVD.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WOOLF, JOHN	
STREET ADDRESS	1180 WHISPER LAKE BLVD, S.	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	S	<input type="checkbox"/> Delete
NAME	PAULE, JOAN	
STREET ADDRESS	4802 LAKE HAVEN BLVD	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAULE, ROBERT C	
STREET ADDRESS	4802 LAKE HAVEN BLVD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, ROBERT	
STREET ADDRESS	2204 BARBADOS AVE, W	
CITY-ST-ZIP	SEBRING FL 33872	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN R. WOOLF	
STREET ADDRESS	1190 WHISPER LAKE BLVD. S.	
CITY-ST-ZIP	SEBRING FL. 33870	
TITLE	VP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT ROBERTSON	
STREET ADDRESS	2204 BARBADOS AVE. W	
CITY-ST-ZIP	SEBRING FL. 33872	
TITLE	T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3328 E. PEBBLE CREEK DR.	
STREET ADDRESS	AVON PARK, FL. 33825	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN R. HOOVER	
STREET ADDRESS	2623 ISLAND DR	
CITY-ST-ZIP	SEBRING FL. 33872	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: **JOHN R. WOOLF** PRESIDENT **3-14-03**
863-382-4108

CR2E037 (10/02)