

# 2002 UNIFORM BUSINESS REPORT (UBR)

0013946 AT

DOCUMENT # **A03697**

1. Entity Name

**RIDGE SHOPPING CENTER, LTD.**

FILED

2002 FEB 26 PM 5:10

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O W.J. WEGMAN, JR.  
8001 N. DALE MABRY #101-A  
TAMPA FL 33614

Mailing Address

C/O W.J. WEGMAN, JR.  
8001 N. DALE MABRY #101-A  
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-1562601**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DAVID P. RANKIN**  
**14502 N. DALE MABRY HWY., #332**  
**TAMPA FL 33618**

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$7,868.36**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **675439**  
NAME **WEGMAN ASSOCIATES, INC.**  
STREET ADDRESS **8001 N. DALE MABRY HWY STE 101-A**  
CITY-ST-ZIP **TAMPA FL 33614**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700005043937--4**  
**-03/05/02--01054--002**  
**\*\*\*\*\*152.57 \*\*\*\*\*152.57**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

*W.J. Wegman, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**W.J. Wegman, Jr.**

Date

**2/18/02 (813) 933-7418**

Daytime Phone #

CR2E003 (9/01)