2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A11177

1. Entity Name

RIDGEDALE APARTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 970 HILLIARD OH 43026	P.O. BOX 970 HILLIARD OH 43026-0970

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2127113 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEWSOM, ROY R.
123 PAINE DRIVE S.E.
WINTER HAVEN FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$241,010.00	241,000.	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	550591	STREET ADDRESS	
NAME	CULLODEN ASSOCIATES OF FLORIDA, INC.	CITY-ST-ZIP	
STREET ADDRESS	2201 RIDGEWOOD RD		
CITY-ST-ZIP	WINTER HAVEN FL		
DOCUMENT #		STREET ADDRESS	
NAME	ROARK, RONALD E.	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 970 N/A		
CITY-ST-ZIP	HILLIARD OH 43026		
DOCUMENT #		STREET ADDRESS	000003927800--3
NAME	HANDLEY, R. PATRICK	CITY-ST-ZIP	-07/19/00--01054--014
STREET ADDRESS	P.O. BOX 970 N/A		****526.25 ****526.25
CITY-ST-ZIP	HILLIARD OH 43026		
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIG Ronald E. Roark, President Culloden Associates of Florida, Inc. its General Partner 5-1-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #