

2001 UNIFORM BUSINESS REPORT (UBR)

0008876 AF

DOCUMENT # **A27188**

1. Entity Name
RIDGELAND, LTD.

FILED *LC 5/10*
01 APR 27 AM 8:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3801 SUGAR PALM DRIVE
TAMPA FL 33619**

Mailing Address
**3801 SUGAR PALM DRIVE
TAMPA FL 33619**

2. Principal Place of Business
**14025 Riveredge Dr
Suite, Apt. #, etc. SUITE 550
City & State TAMPA, FL
Zip 33637 Country Hills**

3. Mailing Address
**14025 Riveredge Dr
Suite, Apt. #, etc. SUITE 550
City & State TAMPA, FL
Zip 33637 Country Hills**

4. FEI Number **59-2924100** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**SIMMONS, R. RANDOLPH III
3801 SUGAR PALM DRIVE
TAMPA FL 33619**

7. Name and Address of New Registered Agent
Name: **R. K. Simmons III**
Street Address (P.O. Box Number is Not Acceptable): **14025 Riveredge Drive**
City: **Tampa** FL Zip Code: **33637**

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]* **Managing Partner** 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. **\$5,000,000.00** 10. Amount of Capital Contribution in FLORIDA to date. **788,979.47** 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 #	SIMMONS, R. RANDOLPH III
NAME	3801 SUGAR PALM DRIVE
STREET ADDRESS	TAMPA FL
CITY-ST-ZIP	
DOCUMENT #	SMITH, DARRELL L
NAME	3801 SUGAR PALM DRIVE
STREET ADDRESS	TAMPA FL 33169
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	700004193937--9 -05/10/01--01109--012 ***535.00 ***535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *[Signature]* **SIGNATURE REQUIRED** Date: **3/7/01** Daytime Phone #: **621-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)