

2002 UNIFORM BUSINESS REPORT (UBR)

0013637 AT

DOCUMENT # **A27188**

1. Entity Name
RIDGELAND, LTD.

FILED

02 FEB -4 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**14025 RIVEREDGE DR.
SUITE 550
TAMPA FL 33637**

Mailing Address
**14025 RIVEREDGE DR.
SUITE 550
TAMPA FL 33637**

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 **59-2924100**

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

**SIMMONS, R. RANDOLPH III
14025 RIVEREDGE DR.
SUITE 550
TAMPA FL 33637**

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]*
Signature, typed or printed name of registered agent and title if applicable.

Managing Partner 1/7/02
DATE

9. Capital Contributions as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,818,404.71**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **SIMMONS, R. RANDOLPH III**
STREET ADDRESS **3801 SUGAR PALM DRIVE**
CITY-ST-ZIP **TAMPA FL**

STREET ADDRESS **14025 Riveredge Drive, Suite 550**
CITY-ST-ZIP **TAMPA FL 33637**

DOCUMENT #
NAME **SMITH, DARRELL L**
STREET ADDRESS **3801 SUGAR PALM DRIVE**
CITY-ST-ZIP **TAMPA FL 33169**

STREET ADDRESS **14025 Riveredge Drive, Suite 550**
CITY-ST-ZIP **TAMPA FL 33637**

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STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/7/02

Date

(813) 632-1200
Daytime Phone #

CR2E003 (9/01)