

# 200 UNIFORM BUSINESS REPORT (UBR)

001419 AF

DOCUMENT # A98000001001

1. Entity Name

RIDGE LINE, LTD.

FILED

*mf*

Principal Place of Business

2033 MAIN STREET, SUITE 600  
SARASOTA FL 34237

Mailing Address

2033 MAIN STREET, SUITE 600  
SARASOTA FL 34237

01 MAR 16 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0833441

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PFLUGNER, J. GEOFFREY ESQ.  
2033 MAIN STREET, SUITE 101  
SARASOTA FL 34237

Name

JANA HAMILTON

Street Address (P.O. Box Number is Not Acceptable)

2201 CANTU CT #118

City

SARASOTA

FL

Zip Code

34232

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]*

JANA HAMILTON

2/23/01

9. Capital Contributions  
as Shown on record.

\$835,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000036853  
NAME ROCKY MOUNTAIN PROPERTY CO.  
STREET ADDRESS 2033 MAIN STREET, SUITE 101  
CITY-ST-ZIP SARASOTA FL 34237

STREET ADDRESS

2033 Main Street, Suite 600

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Michael Kent

2/7/01

941-378-7000

Date

Daytime Phone #

CR2E003 (11/00)

526.25