2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 04, 2000 8:00 am Secretary of State **DOCUMENT # G48358** 1. Entity Name RIDGEWOOD RANCH, INC. 05-04-2000 90089 020 ***150.00 Principal Place of Business Mailing Address C/O LARRY CARROLL C/O LARRY CARROLL 847 HAWKSBILL ISLAND DR. 847 HAWKSBILL ISLAND DR. SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937-3850 950624 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2392986 Not Applicable - Zip Country \$8:75-Additional-5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARROLL, LARRY Street Address (P.O. Box Number is Not Acceptable) 847 HAWKSBILL ISLAND DR SATELLITE BEACH FL 32937 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition CARROLL, LARRY NAME NAME 847 HAWKSBILL ISLAND DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE CARROLL, HELEN NAME NAME 847 HAWKSBILL ISLAND DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE HENRY, VIRGINIA LEE NAME NAME 4640 QUAIL ROOST RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST CLOUD FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.