## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K83764**

1. Entity Name

FOREST RIDGE CONSTRUCTION COMPANY

# FILED Feb 05, 2000 8:00 am Secretary of State

	•					02-0	05-2000	90050	034 **	*150.00	
Principal Place	e of Business	Mailing Address									
312 SE 17TH STREET SUITE 300 FT LAUDERDALE FL 33316		312 SE 17TH STREET SUITE 300 FT LAUDERDALE FL 33316-2524			}	( <b>:88</b> (8)( <b>)</b> 28	ı ( <b>2180</b>   ())	( <b>8.818 6</b> 1111) (	niel viell di	() <b>617</b> (( <b>6</b> 282)	1(8) <i>: 2</i> (8)( (88)
2. Principal Pl	ace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_		DO NO	OT WRITI	E IN THIS	SPACE	
City & State		City & State			4.	FEI Number	NOT	APPLI	CABLE		Applied For
Zip	Country	Zip <sup>2</sup>	- Country	ÿ	5.	Certificate of	Status De	esired		<b>\$8.75</b> A Fee Requi	
	6. Name and Address of Current R	egistered Agent			7.	Name and A	ddress o	New Re	gistered	Agent	_
				Name							
PALMER, CHARLES L. 312 SE 17TH STREET				Street Address (P.O. Box Number is Not Acceptable)							
	E 300										
FT L	AUDERDALE FL 33316			City					FL	Zip Co	ode
8. The above	named entity submits this statement for	the purpose of changing its	registered	i office or i	registered ag	gent, or both,	in the Sta	te of Flor	ida.		
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable (NOTE	E: Registered A	Agent signatur	e required when r	einstating)	<del></del> -		DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW After MAY 1, 20 Make Check Payal			00 Fee w	rill be \$55	50.00	10. Elect Trust	ion Camp Fund Cor				.00 May Be ed to Fees
11.	OFFICERS AND D		12.			DITIONS/CI	HANGES	TO OFFI	CERS AND	DIRECTO	RS IN 11
TITLE	DC OFFICERS AND D	Delete	TITLE			281110110701	BUVELO	10 0///	<u> </u>	Change	
NAME STREET ADDRESS CITY-ST-ZIP	PALMER, CHARLES L. 312 SE 17TH STREET SUITE 300 FT LAUDERDALE FL		NAME	ADDRESS T-ZIP		, <del>-</del>					
TITLE NAME STREET ADDRESS	P COLLINS, WALTER 312 SE 17TH STREET SUITE 300	☐ Delete		ADDRESS						☐ Change	Additic
CITY-ST-ZIP TITLE NAME STREET ADDRESS	FTLAUDERDALE.FL	☐ Delete	TITLE NAME STREET	ADDRESS	<u> </u>					☐ Change	e ☐ Additic
CITY-ST-ZIP	FT. LAUDERDALE FL V	☐ Delete	CITY-S	T-ZIP	<u> </u>					Change	e
NAME STREET ADDRESS City-ST-21P	WILSON, JOY 312 SE 17TH STREET SUITE 300 FT. LAUDERDALE FL		NAME	ADDRESS	·						_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCLOSKY, DONALD 312 SE 17TH STREET SUITE 300 FT. LAUDERDALE FL	☐ Delete	TITLE NAME	ADDRESS						Change	Additic
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DRESSLER, SHARON 312 SE 17TH STREET SUITE 300 FT. LAUDERDALE FL certify that the information supplied with the on this report or supplemental report is		TITLE NAME STREET CITY-S	ADDRESS ST-ZIP	ed in Section	119.07(3)(i).	Florida S	tatutes. I	further ce	☐ Change	

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 i changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

&a<u>00</u>

954.463.0681