

FROM : TECHNICOTE-NAPLES, FLORIDA

PHONE NO. : 9415143866

Mar.. 08 2001 03:20PM P2

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** L00000015758

1. Entity Name

RIDGEWOOD PARTNERS, L.L.C.

Principal Place of Business

Mailing Address

6611 Ridgewood Drive
Naples, FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3687237

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentKenneth D. Goodman
Goodman & Breen
3838 Tamiami Tr. N., Suite 300
Naples, FL 34108**7. Name and Address of New Registered Agent**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. MANAGING MEMBERS/MEMBERSTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MM
George D. Corbett, *President* ☐ Delete
6611 Ridgewood Drive
Naples, FL 34108TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
Theresa M. Corbett, *Vice President* ☐ Delete
6611 Ridgewood Drive
Naples, FL 34108TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**10. ADDITIONS/CHANGES**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900003854119--
-03/15/01--01057--025TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*****50.00 Change *****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *George D. Corbett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

941-514-3866

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