

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L12557

1. Entity Name  
**RIDGE PROPERTIES, INC.**

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90036 012 \*\*\*150.00

Principal Place of Business

890 E. SR 434  
LONGWOOD FL 32750  
US

Mailing Address

P.O. BOX 520549  
LONGWOOD FL 32750  
US

2. Principal Place of Business

808 Dela Bosque  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

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4. FEI Number 59-2973093

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

Name

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

808 Dela Bosque

City Longwood

FL

Zip Code

32779

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME THOMAS, ED  
STREET ADDRESS 808 E. HIGHWAY 434  
CITY-ST-ZIP LONGWOOD FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 808 Dela Bosque  
CITY-ST-ZIP Longwood FL 32779

TITLE VD  
NAME PAIT, STACEY L.  
STREET ADDRESS 25445 STATE RD 46  
CITY-ST-ZIP SORRENTO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME PAIT, MARY  
STREET ADDRESS 25445 STATE ROAD 46  
CITY-ST-ZIP SORRENTO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 partner 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)