

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90177 014 \*\*\*150.00

**DOCUMENT # M42241**

1. Entity Name  
**RIDGEPOINT, INC.**

Principal Place of Business <b>201 S BISCAYNE BLVD          1600 MIAMI CENTER          MIAMI FL 33131          US</b>	Mailing Address <b>201 S BISCAYNE BLVD          1600 MIAMI CENTER          MIAMI FL 33131          US</b>
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00047557



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>59-2836667</b>	Applied For Not Applicable
Zip	Country	Zip	Country

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**

**CORPORATION COMPANY OF MIAMI  
 201 S BISCAYNE BLVD  
 1600 MIAMI CENTER  
 MIAMI FL 33131**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>LISBOA, JANINE V</b>	
STREET ADDRESS	<b>4718 W. CHEROKEE RD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LISBOA, JOSE F</b>	
STREET ADDRESS	<b>CASA DE QUINTA, VALE DE LOBO 8136</b>	
CITY-ST-ZIP	<b>PORTUGAL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LISBOA, JANINE V</b>	
STREET ADDRESS	<b>32 PLAYERS CLUB VILLAS</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL 32082</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: (Jose F. Lisboa) (JOSE F LISBOA)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 17 2001 Date Daytime Phone #

CR2E034 (10/00)