

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M89518

1. Entity Name

THE ETHRIDGE CORPORATION

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90368 045 \*\*\*150.00

Principal Place of Business

Mailing Address

JAMES J. ETHRIDGE JR.  
7710 DOE RUN  
ORLANDO FL 32810  
US

C/O JAMES S. ETHRIDGE JR.  
P. O. BOX 616922  
ORLANDO FL 32861-6922  
US

2. Principal Place of Business

412 Twisting River Ln

3. Mailing Address

Suite, Apt. #, etc.

City & State

Geneva FL

City & State

Zip

32732

Country

USA

Country

4. FEI Number

59-1896971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ETHRIDGE, JAMES J.  
7710 DOE RUN  
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

Shannon Richart

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

412 Twisting River Ln

City

Geneva

FL

Zip Code

32732

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

*James J Ethridge* James J Ethridge

3/31/00

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, 2000 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

TITLE D ☐ Delete  
NAME ETHRIDGE, JAMES J., JR.  
STREET ADDRESS 5818 ELON DR.  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 412 Twisting River Ln  
CITY-ST-ZIP Geneva FL 32732

TITLE ☐ Change ☒ Addition  
NAME Shannon Richart  
STREET ADDRESS 412 Twisting River Ln  
CITY-ST-ZIP Geneva FL 32732

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

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

TITLE ☐ Change ☐ Addition  
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 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:

*James J Ethridge* James J Ethridge

3/31/00

407-298-4217

Daytime Phone #

CR2E034 (9/99)