

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90190 038 \*\*\*\*61.25

**DOCUMENT # N01000008794**



1. Entity Name  
**RIDGE ASSOCIATION OF HEALTH UNDERWRITERS, INC.**

Principal Place of Business

**5300 S. FLORIDA AVE.  
LAKELAND FL 33813**

Mailing Address

**C/O WENDEL & CHRITTON, CHARTERED  
PO BOX 5378  
LAKELAND FL 33807**

**55041604**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3522426**

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

**WENDEL, JOHN F.  
WENDEL & CHRITTON, CHARTERED  
5300 S. FLORIDA AVE.  
LAKELAND FL 33813**

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** President ☐ Delete  
NAME Robert S. Bodolay  
STREET ADDRESS 91 Lake Morton Drive Lakeland, FL 33801  
CITY-ST-ZIP

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

TITLE Vice President ☐ Delete  
NAME Teresa Amick  
STREET ADDRESS 6816 Forestwood Drive W  
CITY-ST-ZIP Lakeland, FL 33811-2418

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

TITLE **D** President Elect ☐ Delete  
NAME John Lustman  
STREET ADDRESS 386 Southampton Blvd  
CITY-ST-ZIP Auburndale, FL 33823-5626

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

TITLE **D** Secretary ☐ Delete  
NAME Luetta H. Cain  
STREET ADDRESS P.O. Box 980  
CITY-ST-ZIP Auburndale, FL 33823-3444

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

TITLE Treasurer ☐ Delete  
NAME Deborah Tedesco  
STREET ADDRESS 91 Lake Morton Drive  
CITY-ST-ZIP Lakeland, FL 33801

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**Robert S. Bodolay**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/03

863-686-5495

Date

Daytime Phone #

CR2E037 (10/02)