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

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90324 011 ****61.25

DOCUMENT # N07155

1. Entity Name
RIDGEMOOR MASTER ASSOCIATION, INC

669841

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3974 TAMPA ROAD	PO BOX 2167
Suite, Apt. #, etc. B	Suite, Apt. #, etc.
City & State OLDSMAR FL	City & State OLDSMAR FL
Zip 34677 Country PINELLAS	Zip 34677 Country PINELLAS

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4. FEI Number 59-2540599 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name JACK B. HANSON

Street Address (P.O. Box Number is Not Acceptable)
3974 TAMPA ROAD SUITE B

City OLDSMAR FL Zip 34677

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 _____ 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	VERDON, COLEEN	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	AVP	TITLE	
NAME	HENDERSON, HERB	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	JENNINGS, ARCHIE	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	LEONARD, JERRY	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SCHLIMM, DAN	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Coleen A. Verdon 4/29/02 727-789-3461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #