

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90192 039 ****61.25

DOCUMENT # N11611

1. Entity Name

RIDGE MANOR WEST COMMUNITY CLUB, INC.



Principal Place of Business

**6376 WINDMERE RD.
RIDGE MANOR WEST FL 34602**

Mailing Address

**6376 WINDMERE RD.
RIDGE MANOR WEST FL 34602**

80007401



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2646858**

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

**PEARSON, JOHN O
7173 LEXINGTON CIRCLE
BROOKSVILLE FL 34602**

7. Name and Address of New Registered Agent

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

TITLE **DPO** ☒ Delete
NAME **MINTHORN, RONNIE**
STREET ADDRESS **6488 ROBINSWOOD AVE**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **DVP** ☐ Delete
NAME **WENDELL, DORIS**
STREET ADDRESS **31086 INWOOD CR**
CITY-ST-ZIP **BROOKSVILLE FL 34602**

TITLE **DS** ☒ Delete
NAME **DICKEY, JANET**
STREET ADDRESS **7169 LEXINGTON CIR**
CITY-ST-ZIP **BROOKSVILLE FL 34602**

TITLE **DT** ☐ Delete
NAME **PEARSON, JOHN**
STREET ADDRESS **7173 LEXINGTON CIRCLE**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☐ Delete
NAME **GREEN, JOYE**
STREET ADDRESS **31282 LANCEWOOD DR**
CITY-ST-ZIP **BROOKSVILLE FL 34602**

TITLE **D** ☐ Delete
NAME **LEITZ, VIVIAN**
STREET ADDRESS **7193 LEXINGTON CIRCLE**
CITY-ST-ZIP **BROOKSVILLE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPO** ☐ Change ☒ Addition
NAME **Vonley, Francis**
STREET ADDRESS **7633 Lexington Circle**
CITY-ST-ZIP **Brooksville FL 34602**

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

TITLE **DS** ☐ Change ☐ Addition
NAME **Waters, Joan**
STREET ADDRESS **31137 Port Ridge Dr**
CITY-ST-ZIP **Brooksville FL 34602**

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

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

TITLE **D** ☐ 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: **SIGNATURE REQUIRED** *John O Pearson Treas 1/18/03 352-796-3758*

CR2E037 (10/02)