

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

DOCUMENT # **N16609**

1. Entity Name
RIDGEWOOD OAKS, INC.



**FILED
Jan 09, 2003 8:00 am
Secretary of State**

01-09-2003 90073 044 ****61.25

Principal Place of Business
**%ROBERT B. HAMMOND
624 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114**

Mailing Address

**%ROBERT B. HAMMOND
624 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2726723**

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

**HAMMOND, ROBERT B.
624 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114**

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 **PD**
NAME **HAMMOND, ROBERT B.**
STREET ADDRESS **624 SOUTH RIDGEWOOD AVE.**
CITY-ST-ZIP **DAYTONA BEACH FL**

Delete

TITLE **DST**
NAME **HARRELL, CHARLES A.**
STREET ADDRESS **624 SOUTH RIDGEWOOD AVE.**
CITY-ST-ZIP **DAYTONA BEACH FL**

Delete

TITLE **D**
NAME **KARGES, MICHAEL A.**
STREET ADDRESS **624 SOUTH RIDGEWOOD AVE.**
CITY-ST-ZIP **DAYTONA BEACH FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Charla Tafforeau* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 (386) 258-7580

Date *01-09-2003* *044* *61.25* *01-09-2003* *90073* *044* *61.25*

CR2E037 (10/02)