

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27067

1. Entity Name

RIDGE MANOR WEST CRIME WATCH, INC.

Principal Place of Business

Mailing Address

C/O A H BOEHLING  
30435 PARK RIDGE DR  
BROOKSVILLE FL 34602

30435 PARK RIDGE DR.  
BROOKSVILLE FL 34602-7537  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

BOEHLING, ARTHUR H  
30435 PARK RIDGE DR  
BROOKSVILLE FL 34602

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Delete  
NAME MOCKLER, CHARLES P.  
STREET ADDRESS 7130 LEXINGTON CIRCLE  
CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE VD ☒ Change ☐ Addition  
NAME SHOFF, ROBERT  
STREET ADDRESS 6497 AMBER RIDGE CIRCLE  
CITY-ST-ZIP BROOKSVILLE, FL. 34602

TITLE SD ☐ Delete  
NAME BOEHLING, ARTHUR H.  
STREET ADDRESS 30435 PARK RIDGE DR.  
CITY-ST-ZIP BROOKSVILLE FL

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

TITLE DT ☐ Delete  
NAME WALTON, MAZIE  
STREET ADDRESS 31204 LANCEWOOD DR  
CITY-ST-ZIP BROOKSVILLE FL

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

TITLE PD ☐ Delete  
NAME KUERNER, GERTRUDE  
STREET ADDRESS 30461 PINE RIDGE LANE  
CITY-ST-ZIP BROOKSVILLE FL 34602

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

TITLE D ☐ Delete  
NAME GREENE, JOYE  
STREET ADDRESS 31232 LANCEWOOD DRIVE  
CITY-ST-ZIP BROOKSVILLE FL 34602

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:

*MAZIE WALTON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00  
Date

Daytime Phone #

FILED  
Apr 06, 2000 8:00 am  
Secretary of State

04-06-2000 90057 015 \*\*\*\*61.25

00053686



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)