

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90095 035 ****61.25

DOCUMENT # N27067

1. Entity Name

RIDGE MANOR WEST CRIME WATCH, INC.

Principal Place of Business

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

Mailing Address

30435 PARK RIDGE DR.
BROOKSVILLE FL 34602
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 **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 **VD** ☒ Delete
NAME **SHOFF, ROBERT**
STREET ADDRESS **6497 AMBER RIDGE CIRCLE**
CITY-ST-ZIP **BROOKSVILLE FL 34602**

TITLE ☒ Change ☐ Addition
NAME **JEAN JONES**
STREET ADDRESS **7058 LEXINGTON CIRCLE**
CITY-ST-ZIP **BROOKSVILLE FL 34602**

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: *M. A. SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 2001

Date

(352) 799-1730

Daytime Phone #

CR2E037 (10/00)