

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90742 021 ****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

Suite, Apt. #, etc.

70 MAZIE S. WALTON

City & State

31204 LANCEWOOD DR BROOKSVILLE FL

Zip Country USA

BROOKSVILLE FL 34602

3. Mailing Address

31204 LANCEWOOD DR.

Suite, Apt. #, etc.

City & State

BROOKSVILLE FL

Zip Country

34602 U.S.A.



☐ CHECK HERE IF MAKING CHANGES

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

BOEHLING, ARTHUR H
30435 PARK RIDGE DR
BROOKSVILLE FL 34602

7. Name and Address of New Registered Agent

Name

MAZIE S. WALTON

Street Address (P.O. Box Number is Not Acceptable)

31204 LANCEWOOD DR.

BROOKSVILLE

City

FL

Zip Code

34602

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

Mazie Walton MAZIE WALTON TREAS.

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	SD	<input checked="" type="checkbox"/> Delete
NAME	BOEHLING, ARTHUR H.	
STREET ADDRESS	30435 PARK RIDGE DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WALTON, MAZIE	
STREET ADDRESS	31204 LANCEWOOD DR	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KUERNER, GERTRUDE	
STREET ADDRESS	30461 PINE RIDGE LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENE, JOYE	
STREET ADDRESS	31232 LANCEWOOD DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, JEAN	
STREET ADDRESS	7058 LEXINGTON CIRCLE	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITA FANTINE	
STREET ADDRESS	6383 SHADYWOOD LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ROSCILLO, HELEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6484 CEDARSIDE AVE	
STREET ADDRESS	BROOKSVILLE FL 34602	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 4/11/03 (852) 799-1730

CR2E037 (10/02)