

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90118 032 ****61.25

DOCUMENT # N36108

1. Entity Name

FLORIDA RIDGE BIG BROTHERS/BIG SISTERS, INC.



Principal Place of Business

**1000 S HIGHLANDS AVE
SEBRING FL 33870**

Mailing Address

**P.O. BOX 52
SEBRING FL 33871**

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 **65-0330147**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RHOADES, CLIFFORD R.
227 NORTH RIDGEWOOD DRIVE
SEBRING FL 33870**

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 **T** ☐ Delete
NAME **DAVIDSON, ED**
STREET ADDRESS **1000 W MAIN STREET**
CITY-ST-ZIP **AVON PARK FL 33825**

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

TITLE **P** ☐ Delete
NAME **MCFARLAND, WAYNE**
STREET ADDRESS **44119 SHAD DR**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **D** ☒ Change ☐ Addition
NAME **McFarland, Wayne**
STREET ADDRESS **44119 Shad Dr.**
CITY-ST-ZIP **Sebring, FL 33870**

TITLE **D** ☒ Delete
NAME **COWAN, MIKE**
STREET ADDRESS **334 S HUCKLEBERRY LAKE DRIVE**
CITY-ST-ZIP **SEBRING FL 33872**

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

TITLE **S** ☐ Delete
NAME **ELLIOTT, NADINE**
STREET ADDRESS **P.O. BOX 174**
CITY-ST-ZIP **SEBRING FL 33871**

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

TITLE **D** ☐ Delete
NAME **FRITZ, AARON**
STREET ADDRESS **4112 RAMIRO ST**
CITY-ST-ZIP **SEBRING FL 33872**

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

TITLE **D** ☐ Delete
NAME **GRIFFIN, TOM**
STREET ADDRESS **3209 NE LAKE SEBRING DRIVE**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **P** ☒ Change ☐ Addition
NAME **Griffin, Tom**
STREET ADDRESS **3209 NE Lake Sebring Dr.**
CITY-ST-ZIP **Sebring, FL 33870**

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:

Deborah Leonard

3/7/03

863-402-6848

CR2E037 (10/02)