

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45443

1. Entity Name

RIDGE SERTOMA CLUB, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90014 044 \*\*\*\*61.25

Principal Place of Business  
P.O. BOX 1584  
DUNDEE FL 33838  
US

Mailing Address  
P.O. BOX 1584  
DUNDEE FL 33838-1584  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

7. Name and Address of New Registered Agent

PERCY, MEL  
508 SHEPARD AVE  
DUNDEE FL 33838

Name: MARIA PERCY  
Street Address (P.O. Box Number is Not Acceptable):  
304 SHEPARD AVE  
City: DUNDEE, FL Zip Code: 33838

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

*Maria R Percy (president)*

3/31/00

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: C  
NAME: PERCY, MEL  
STREET ADDRESS: 508 SHEPARD AVENUE  
CITY-ST-ZIP: DUNDEE FL 33838 ☐ Delete

TITLE: VP  
NAME: PERCY, MEL  
STREET ADDRESS: 304 SHEPARD AVE  
CITY-ST-ZIP: DUNDEE, FL 33838 ☒ Change ☐ Addition

TITLE: P  
NAME: DILL, DALE  
STREET ADDRESS: 2424 RUTH AVENUE  
CITY-ST-ZIP: LAKE WALES FL 33853 ☐ Delete

TITLE: C  
NAME: DILL, DALE  
STREET ADDRESS: 2424 RUTH AVE  
CITY-ST-ZIP: LAKE WALES, FL 33853 ☒ Change ☐ Addition

TITLE: TD  
NAME: MCMASTER, JOANNE  
STREET ADDRESS: 43 MARTHA DRIVE  
CITY-ST-ZIP: LAKE WALES FL 33853 ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: DS  
NAME: PERCY, MEL  
STREET ADDRESS: 508 SHEPHERD AVENUE  
CITY-ST-ZIP: DUNDEE FL 33838 ☒ Delete

TITLE: P  
NAME: MARIA PERCY  
STREET ADDRESS: 304 SHEPARD AVE.  
CITY-ST-ZIP: DUNDEE, FL 33838 ☐ Change ☒ Addition

TITLE: VD  
NAME: LASSETER, MARGARET  
STREET ADDRESS: 2424 MARTHA DR  
CITY-ST-ZIP: LAKE WALES FL 33853 ☒ Delete

TITLE: S  
NAME: JUDY GILES  
STREET ADDRESS: 5320 S. JENNINGS RD  
CITY-ST-ZIP: HAINES CITY, FL 33844 ☐ Change ☒ Addition

TITLE: VD  
NAME: DILL, MARK  
STREET ADDRESS: 2849 JASMINE DRIVE  
CITY-ST-ZIP: LAKE WALES FL 33853 ☐ Delete

TITLE: ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Maria R Percy* MARIA R. PERCY

Date

3/31/00

Daytime Phone #

863-439-4700

CR2E037 (9/99)