

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45443

1. Entity Name

RIDGE SERTOMA CLUB, INC.

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90007 013 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1584
DUNDEE FL 33838
US

P.O. BOX 1584
DUNDEE FL 33838
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, MARIA~~
~~304 SHEPARD AVE~~
~~DUNDEE FL 33838~~

Name Dale Dill

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

2424 Ruth Avenue

City LAKE WALES FL

Zip Code 33898

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 Dale Dill

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 TD
NAME PERCY, MEL ☒ Delete
STREET ADDRESS PO BOX 1037
CITY-ST-ZIP DUNDEE FL 33838

TITLE TD
NAME JOANNE McMASTER ☒ Change ☐ Addition
STREET ADDRESS 43 MARTHA DR
CITY-ST-ZIP LAKE WALES, FL 33898

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

TITLE VPD
NAME FRANK STOWALL ☒ Change ☐ Addition
STREET ADDRESS 3390 OVERLOOK DR #55
CITY-ST-ZIP LAKE WALES, FL 33898

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

TITLE VPD
NAME FRANK STOWALL ☒ Change ☐ Addition
STREET ADDRESS 3390 OVERLOOK DR #55
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE P
NAME PERCY, MARIA ☒ Delete
STREET ADDRESS 304 SHEPARD AVE
CITY-ST-ZIP DUNDEE FL 33838

TITLE P
NAME DALE DILL ☒ Change ☐ Addition
STREET ADDRESS 2424 RUTH AVE
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE VPD
NAME LASSETER, MARGARET ☐ Delete
STREET ADDRESS 2424 MARTHA DR
CITY-ST-ZIP LAKE WALES FL 33853

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

TITLE VPD
NAME DILL, MARK ☐ Delete
STREET ADDRESS 2424 RUTH AVE
CITY-ST-ZIP LAKE WALES FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

JOANNE McMASTER JOANNE McMASTER 4/6/02 (813) 676-6920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)