

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

**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**

06-27-2003 90054 041 \*\*\*\*61.25

**DOCUMENT # N45443**

1. Entity Name

**RIDGE SERTOMA CLUB, INC.**



Principal Place of Business

P.O. BOX 1584  
DUNDEE FL 33838  
US

Mailing Address

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

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

**DILL, DALE**  
**2424 RUTH AVE.**  
**LAKE WALES FL 33848**

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

**6-18-03**

**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 **TD** ☐ Delete  
NAME **MCMASTER, JOANNE**  
STREET ADDRESS **43 MARTHA DR.**  
CITY-ST-ZIP **LAKE WALES FL 33898**

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

TITLE **VPD** ☐ Delete  
NAME **STOWALL, FRAN**  
STREET ADDRESS **3390 OVERLOOK DR., #55**  
CITY-ST-ZIP **LAKE WALES FL 33898**

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

TITLE **VPD** ☒ Delete  
NAME **STOWALL, HUB**  
STREET ADDRESS **3390 OVERLOOK DR., #55**  
CITY-ST-ZIP **LAKE WALES FL 33898**

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

TITLE **P** ☒ Delete  
NAME **DILL, DALE**  
STREET ADDRESS **2424 RUTH AVE.**  
CITY-ST-ZIP **LAKE WALES FL 33898**

TITLE ☒ Change ☐ Addition  
NAME **P**  
STREET ADDRESS **LARRY RIVERA**  
CITY-ST-ZIP **1001 MOCKINGBIRD CIRCLE**  
**WINTER HAVEN, FL**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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:

**SIGNATURE SECURED**

**6/18/03**

**863-299-6942**

CR2E037 (10/02)