

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004139 (2)

1. Entity Name

RIDGE CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

7124 FORBES RD
ZEPHYRHILLS FL 33541

P. O. BOX 822
ZEPHYRHILLS FL 33539

2. Principal Place of Business

7124 FORBES RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS FL

City & State

4. FEI Number

59-3362704

Applied For

Not Applicable

Zip
33541

Country
PASCO

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

BUSSELL, MICHAEL M.
5750 ELAINE DR

ZEPHYRHILLS FL 33541

Name

SAVAGE, MICHAEL G.

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

4410 MOHICAN TRAIL

City

VALRICO

FL

Zip Code
33594

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

Michael G. Savage

MICHAEL G. SAVAGE

5/15/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD MCCLLOUD, JOHN 1712 LILAC AVE CHESAPEAKE VA 23325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCCLLOUD, LINDA 1712 LILAC AVE CHESAPEAKE VA 23325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSSELL, MICHAEL M 5750 ELAINE DR ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SAVAGE, MICHAEL G. 4410 MOHICAN TRAIL VALRICO FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MCCLLOUD, STEPHEN V. 720 VALLEY STREAM RD CHESAPEAKE VA 23325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LIPPS, JEFFREY T. 2827 LAMBERT TRAIL CHESAPEAKE VA 23323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Linda McCLOUD

LINDA MCCLLOUD

5/15/00

(757)624-1733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90024 041 ****70.00

UVU30410

DO NOT WRITE IN THIS SPACE