

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
 03-29-2002 91220 032 ****61.25

0087517

DOCUMENT # N96000000326

1. Entity Name

PINE RIDGE RIDERS ORGANIZATION, INC.

Principal Place of Business

**5690 W. PINE RIDGE BLVD.
 BEVERLY HILLS FL 34465**

Mailing Address

**5690 W. PINE RIDGE BLVD.
 BEVERLY HILLS FL 34465**

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

59-3640722

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

**WETHEREL, PATRICIA
 3946 N. PONY DRIVE
 BEVERLY HILLS FL 34465**

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☐ Delete
 NAME **BRAITHWAITE, KAREN**
 STREET ADDRESS **4905 NORTH PINTO LOOP**
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

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

TITLE **T/D** ☐ Delete
 NAME **WETHEREL, PATRICIA**
 STREET ADDRESS **3946 N. PONY DRIVE**
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

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

TITLE **S/D** ☒ Delete
 NAME **NEWTON, FAITH**
 STREET ADDRESS **4749 N PERRY DRIVE**
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **S/D** ☐ Change ☒ Addition
 NAME **CARBONE, MARYELLEN**
 STREET ADDRESS **4020 N. PONY DRIVE**
 CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE **VD** ☐ Delete
 NAME **LAWTON, KENNETH**
 STREET ADDRESS **944 W COBBLER COURT**
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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

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: *Patricia Wetherel* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-02 (352)527-7445

Date Daytime Phone #

CR2E037 (9/01)