

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90032 027 \*\*\*\*61.25

**DOCUMENT # N96000005614**

1. Entity Name

**RIDGE MANOR DIXIE YOUTH BASEBALL, INC.**

Principal Place of Business

**34244 CORTEZ BLCD  
 RIDGE MANOR FL 33523  
 US**

Mailing Address

**34753 ORCHID PKWY  
 RIDGE MANOR FL 33523**

**966778**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3363611**

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

**MENCHACA, DENISE  
 33359 BERRYHILL DR  
 WEBSTER FL 33599**

7. Name and Address of New Registered Agent

Name **Fredrickson, Kay**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6088, Knollwood Dr.**  
 City **Ridgemanor** FL Zip Code **33523**

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 **Kay L. Fredrickson**  
 Signature, typed or printed name of registered agent and title if applicable.

**Kay L. Fredrickson**  
 (NOTE: Registered Agent signature required when reinstating)

**4-27-01**  
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JERRY BUNN 34179 RIDGE MANOR BLVD RIDGE MANOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROD COOPER 8481 CROOM RITAL RD BROOKSVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHN SHARPE 34575 ORCHID PKWY RIDGE MANOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUSAN BUNN 34179 RIDGE MANOR BLVD RIDGE MANOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT MACDONALD 6009 LEISURE ST RIDGE MANOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONY FELICE 34606 RIDGE MANOR BLVD RIDGE MANOR FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tony Noble 34753, Orchid Parkway Ridge Manor FL 33523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Jerry Bunn 34179, Ridgemanor Blvd Ridge Manor FL 33523	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kay Fredrickson 6088, Knollwood Dr. Ridge Manor FL 33523	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tim Gregg 12434 Honey Pot Trl Brooksville FL 34614	<input checked="" 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: **Kay L. Fredrickson**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/01**  
 Date

**(352) 583-5538**  
 Daytime Phone #

CR2E037 (10/00)