2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90322 040 ****61.25

DOCUMENT # N96000006597

1. Entity Name

RIDGE GOLF COURSE SUPT. ASSOCIATION, INC.

Principal Place of Business	Mailing Address
190 IDLEWOOD AVE BARTOW FL 33830 US	190 IDLEWOOD AVE BARTOW FL 33830 US

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-2506777 ☐ 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
ROBERTS, MARIE ~~9705 LAKE BESS RD~~ ~~WINTER HAVEN FL 33884~~	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAGNER, BOB 6915 S CARTE RD LAKELAND FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Jeff Brown 4200 Country Club Rd. S Winter Haven Fla. 33881	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CIRRDULLO, STEVE ALT 27 N LAKE WALES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. Pres. MARK HOPKINS 190 IDLEWOOD AVE. BARTOW FLA. 33830	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BROWN, JEFF 9705 LAKE BESS DR WINTER HAVEN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec.-Tres. Tom BARNETT 1650 HIGHLAND PARK DR. LAKE WALES Fla. 33853	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CUZZONE, RAY JR 190 IDLEWOOD AVE BARTOW FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. JOE McHAFFIE P.O. Box 7395 INDIANLAKE FLA. 33855	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCHAFFIE, JOE PO BOX 7395 INDIAN LAKES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR CLAY MARSHALL 47 LAKE DAMON DR. AVON PARK Fla. 33825	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNETT, TOM 500 US 27 SOUTH FROSTPROOF FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. ALAN PUCKETT 1300 Eaglebrook BLVD. LAKELAND Fla. 33813	☑ Change ☐ Addition

CR2E037 (10/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #