

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000006597**

1. Entity Name

RIDGE GOLF COURSE SUPT. ASSOCIATION, INC.**FILED**
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90128 037 ****61.25

Principal Place of Business

**190 IDLEWOOD AVE
BARTOW FL 33830
US**

Mailing Address

**190 IDLEWOOD AVE
BARTOW FL 33830
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

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

Name

MARIE Roberts

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

**9705 LAKE BESS RD
WINTER HAVEN FL 33884****190 IDLEWOOD Ave.**

City

Bartow

FL

Zip Code

33830

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

Marie Roberts

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-02**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 **VP.** ☐ Delete
NAME **HOPKINS, MARK**
STREET ADDRESS **190 IDLEWOOD AVE**
CITY-ST-ZIP **BARTOW FL 33830**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MARSHALL, CLAY**
STREET ADDRESS **47 LAKE DAMON DR**
CITY-ST-ZIP **AVON PARK FL 33825**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **BROWN, JEFF**
STREET ADDRESS **4200 COUNTRY CLUB RD S**
CITY-ST-ZIP **WINTER HAVEN FL 33881**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **PUCKETT, ALAN**
STREET ADDRESS **1300 EAGLEBROOK BLVD**
CITY-ST-ZIP **LAKE LAND FL 33813**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MCHAFFIE, JOE**
STREET ADDRESS **PO BOX 7395**
CITY-ST-ZIP **INDIAN LAKE FL 33855**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ST** ☐ Delete
NAME **BARNETT, TOM**
STREET ADDRESS **1650 HIGHLAND PARK DR**
CITY-ST-ZIP **LAKE WALES FL 33853**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:

Marie Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-02**863-638-3754**

CP2E037 (9/01)