

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113213

1. Entity Name

NORTH RIDGE PROFESSIONAL CENTER, INC.

LA

Principal Place of Business

10225 ULMERTON RD., BLDG. #11  
LARGO FL 33771

Mailing Address

10225 ULMERTON RD., BLDG. #11  
LARGO FL 33771

2. Principal Place of Business

7722 SR 544, ST 215

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Zip

Country

33881

U.S.A.

4. FEI Number

05-1072485

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIPPEN, JOSEPH F JR  
10225 ULMERTON RD., BLDG. #11  
LARGO FL 33771

7. Name and Address of New Registered Agent

Name

Bruce L. Davis

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

7722 SR 544, ST 215

City

Winter Haven, FL

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

Joseph F. Pippin, Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, BRUCE A	
STREET ADDRESS	3082 LANDINGS COURT	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, RALPH	
STREET ADDRESS	63 PINE FOREST DR.	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

4/30/01 863/422-1713

FILED  
Jun 14, 2001 8:00 am  
Secretary of State

05-15-2001 90170 045 \*\*\*150.00

48522



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)