

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90461 019 \*\*\*150.00

**DOCUMENT # P01000043742**

**1. Entity Name**  
**LMC RIDGE CENTER, INC.**

**Principal Place of Business**

**33 EAST WALL STREET**  
**FROSTPROOF FL 33843**

**Mailing Address**

**33 EAST WALL STREET**  
**FROSTPROOF FL 33843**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**59-1004757**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ROBBINS, R. JAMES JR.**  
**101 EAST KENNEDY BLVD.**  
**SUITE 3700**  
**TAMPA FL 33602**

**7. Name and Address of New Registered Agent**

Name

**WILSON, PT**

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

**33 East Wall Street**

City

**Frostproof**

**FL**

Zip Code

**33843**

**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

**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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **PD Wilson, P.T.**  
 STREET ADDRESS **100 N. Palm Avenue**  
 CITY-ST-ZIP **Frostproof, FL 33843**

TITLE ☐ Change ☒ Addition  
 NAME **VDS Craddock, F. Hood**  
 STREET ADDRESS **223 Lake Link Road**  
 CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE ☐ Change ☒ Addition  
 NAME **D Wilson, Clayton G.**  
 STREET ADDRESS **1126 Shoreline Lane**  
 CITY-ST-ZIP **Winter Haven, FL 33884**

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

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

TITLE ☐ Change ☐ 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-30-02 (863) 635-4804**

CR2E034 (9/01)