

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P 08000088221*

1. Entity Name

Central Ridge R/c Algeria, Inc



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 24 PM 12:42

2. Principal Place of Business

2675 W. Bagonia St

Suite, Apt. #, etc.

Beverly Hills, FL 34465

City & State

3. Mailing Address

2439 So. Rock Creek Rd

Suite, Apt. #, etc.

HOMESDALE, FL 34448

City & State

Zip

Country

Zip

Country

500152411315

04/24/09--01046--010 **150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

Pending

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Roger H. Gurney

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

5014 Westlanger

City

Beverly Hills

FL

Zip Code

34465

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/14/09

DATE

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>President</i>
NAME	<i>DAVID ZAGLIN</i>
STREET ADDRESS	<i>2675 W. Bagonia St</i>
CITY-ST-ZIP	<i>Beverly Hills, FL 34465</i>
TITLE	<i>Roger Gurney</i>
NAME	<i>5014 Westlanger</i>
STREET ADDRESS	<i>Beverly Hills, FL 34465</i>
CITY-ST-ZIP	<i>34465</i>
TITLE	<i>SECRETARY</i>
NAME	<i>VAN BISSCH</i>
STREET ADDRESS	<i>2439 So. Rock Creek Rd</i>
CITY-ST-ZIP	<i>HOMESDALE, FL 34448</i>
TITLE	<i>Treasurer</i>
NAME	<i>Douglas Lockwood</i>
STREET ADDRESS	<i>2439 So. Rock Creek Rd</i>
CITY-ST-ZIP	<i>HOMESDALE, FL 34448</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowerment.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)