

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019167

1. Entity Name

ALDRIDGE FARMS, INC.

Principal Place of Business

4018 LAKEWOOD DRIVE  
SEFFNER FL 33584  
US

Mailing Address

P.O. BOX 301  
MANGO FL 33550-0301  
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 59-3169744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELDRIDGE, GEORGE T.  
11509 E DR MARTIN LUTHER KING JR BLVD  
PO BOX 1187  
MANGO FL 33550

7. Name and Address of New Registered Agent

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

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 PD  
NAME ALDRIDGE, GEORGE SR  
STREET ADDRESS 11206 GIDDINGS ST.  
CITY-ST-ZIP MANGO FL 33550-0069 ☐ Delete

TITLE S  
NAME ELDRIDGE, GEORGE T  
STREET ADDRESS 11509 E. DR. M.L. KING JR.  
CITY-ST-ZIP MANGO FL ☐ Delete

TITLE D  
NAME ALDRIDGE, PATRICIA J.  
STREET ADDRESS 11206 GIDDINGS ST.  
CITY-ST-ZIP MANGO FL 33550-0069 ☐ Delete

TITLE D  
NAME ALDRIDGE, GEORGE JR  
STREET ADDRESS 4018 LAKEWOOD DR.  
CITY-ST-ZIP MANGO FL 33550-0301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 #

FILED  
Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90183 010 \*\*\*150.00

00015740



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)