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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000045562

RIDGEWOOD ORLANDO, INC.

Principal Place	a of Rusinass	Mailing Address				
2025 W STATE		2859 PACES FERRY RD				
LONGWOOD FL 32779		STE 700				
)		ATLANTA GA 30339		DO NOT WRITE IN	THIS SPACE	
		US		 Date Incorporated or Qualified 06/06/1995 		
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	App	lied For
2. Filicipal F	iace of pusitiess	26		59-3320796	<u> </u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Ad	iditional
22		27		5. Certificate of Status Desired	Fee Req	uired
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 N	
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye		761-
24	25		30	Personal Property Tax. 10. Name and Address of New Registe		_]No
	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Registr	ered Agent	
СТ	CORPORATION SYSTEM					
1200 SOUTH PINE ISLAND ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324		83			
			84 City		FL 85 Zip Co	ode
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above-named co	rooration submits this statement for the purpo-	se of changing its re	egistered
-55	ocietared agent or both in the State	of Florida, Cuah ahanga was a	authorized by the corners	tion's board of directors. I berehy accept the s	appointment as regi	istered
onice or i	egistered agent, or both, in the State	of Florida, Such change was a	nrida Statutes	tion's board of directors. I hereby accept the a		
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statutes.	more board of directors. Thereby decept the t		
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Fi	orida Statutes.	ired when reinstating) DA	TE	
agent. I a	m familiar with, and accept the obligation of spiritual states of	nt and title if applicable. (NOT)	E Registered Agent signature requi		TE RS AND DIRECTOR	RS IN 12
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agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the obligati	nt and title if applicable. (NOT) ID DIRECTORS	E Registered Agent signature requi	ired when reinstating) DA	TE RS AND DIRECTOR	RS IN 12
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if chapted, or on an affectingent with an address, with all other like empowered.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

CiTY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

☐ Addition