

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000084986

FILED  
Apr 29, 2003  
Secretary of State

**Entity Name:** CENTRAL FLORIDA RIDGE ASSOCIATES, INC.

**Current Principal Place of Business:**

320 FIRST STREET NORTH  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

320 FIRST STREET NORTH  
WINTER HAVEN, FL 33881

**New Mailing Address:**

**FEI Number:** 59-3404871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOHNSON, GARY D  
350 FIRST STREET NORTH  
WINTER HAVEN, FL 33881

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JOHNSON, GARY R  
Address: 350 FIRST STREET NORTH  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete  
Name: CHANDRASEKHAR, KOLLAGUNTA S  
Address: 350 FIRST STREET NORTH  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete  
Name: ALLAM, MAHESH G  
Address: 129 S FIFTH ST  
City-St-Zip: HAINES CITY, FL 33845

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY R JOHNSON

D

04/29/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date