

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085294

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90003 023 ***150.00



DO NOT WRITE IN THIS SPACE

1. Entity Name
RIDGE OUTDOORS USA, INC.

Principal Place of Business

2821 S. BAY ST
 EUSTIS FL 32726
 US

Mailing Address

POST OFFICE BOX 389
 EUSTIS FL 32727-0389
 US

2. Principal Place of Business

RIDGE OUTDOORS U.S.A., INC.
 Suite, Apt. #, etc.
2821 S. BAY ST.

3. Mailing Address

P.O. BOX 389
 Suite, Apt. #, etc.

City & State
EUSTIS, FL

City & State
EUSTIS, FL

Zip
32726

Country
U.S.A.

Zip
32727

Country
U.S.A.

4. FEI Number **59-3412018**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

6. Name and Address of Current Registered Agent

GRANGER, ROBERT C JR
2310 SOUTH BAY STREET
EUSTIS FL 32726

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, 2000 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

OFFICERS AND DIRECTORS

11. ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
BAKER, ROY L
1619 IRMA ROAD
EUSTIS FL 32726

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
GRANGER, ROBERT C JR
2900 JOANNA DRIVE
EUSTIS FL 32726

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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

☐ 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

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 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 #

2-25-00

352/357-2669