

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085294

1. Entity Name

RIDGE OUTDOORS USA, INC.

Principal Place of Business

2821 S. BAY ST
RIDGE OUTDOORS U.S.A., INC.
EUSTIS FL 32726
US

Mailing Address

POST OFFICE BOX 389
EUSTIS FL 32727-0389
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 59-3412018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Robert C. Granger Jr.
Street Address (P.O. Box Number is Not Acceptable)
2821 S. Bay St.

City
Eustis

FL

Zip Code
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. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	BAKER, ROY L	1619 IRMA ROAD EUSTIS FL 32726	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	GRANGER, ROBERT C JR	2900 JOANNA DRIVE EUSTIS FL 32726	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

3-20-01

Date

352-357-2669

Daytime Phone #

CR2E034 (10/00)

75140



DO NOT WRITE IN THIS SPACE