

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069131

1. Entity Name

FLORIDA RIDGE REALTY, INC.

Principal Place of Business

Mailing Address

3755 W LAKE HAMILTON DR
WINTER HAVEN FL 33881
US

PO BOX 1877
DUNDEE FL 33838-1877
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

59-3496601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARNES, GARY W
3755 W LAKE HAMILTON DR
WINTER HAVEN FL 33881

Name

LAURENCE M. CANOON

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

3755 W. LAKE HAMILTON DR.

City

WINTER HAVEN

FL

Zip Code

33881

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

Laurence M. Canoon

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/00

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CARNES, GARY W
STREET ADDRESS 3755 W LAKE HAMILTON DR
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE T/S ☐ Change ☒ Addition
NAME LAURENCE M. CANOON
STREET ADDRESS 3755 W. LAKE HAMILTON DR.
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Laurence M. Canoon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURENCE
M. CANOON

5/1/00

Date

863-292-9511

Daytime Phone #

CR2E034 (9/99)