

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

06-25-2002 90448 018 \*\*\*550.00

**DOCUMENT # P97000078930**

1. Entity Name

**RIDGEWOOD AVENUE GROUP HOME INC.**

Principal Place of Business

**1461 WYNGATE DR  
 DELAND FL 32724**

Mailing Address

**1461 WYNGATE DR  
 DELAND FL 32724**

2. Principal Place of Business

**1225 E. TAYLOR RD**

Suite, Apt. #, etc.

3. Mailing Address

**1225 E. TAYLOR RD**

Suite, Apt. #, etc.

City & State

**DELAND FL**

Zip  
**32724**

Country  
**USA**

City & State

**DELAND FL**

Zip  
**32724**

Country  
**USA**

4. FEI Number

**59-3465068**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GROGAN, PEGGY  
 1461 WYNGATE DR  
 DELAND FL 32724**

7. Name and Address of New Registered Agent

Name

**PEGGY GROGAN**

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

**209 WESTCHESTER DR**

City

**DELAND**

FL

Zip Code

**32724**

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, 2002 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

TITLE	DSTP	<input type="checkbox"/> Delete
NAME	GROGAN, MARY M.	
STREET ADDRESS	1461 WYNGATE DRIVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GROGAN, JAMES J.	
STREET ADDRESS	1461 WYNGATE DRIVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNOW, MICHAEL S	
STREET ADDRESS	1461 WYNGATE DR	
CITY-ST-ZIP	DELAND FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DSTP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY GROGAN	Correction
STREET ADDRESS	209 WESTCHESTER DR.	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL S. SNOW	
STREET ADDRESS	209 WESTCHESTER DR.	
CITY-ST-ZIP	DELAND, FL - 32724	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**PEGGY GROGAN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-10-02**

Date

Daytime Phone #

CR2E034 (9/01)