

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90006 011 ***150.00

DOCUMENT # P98000080092

1. Entity Name

BEDR-PINE RIDGE, INC.

Principal Place of Business

**5725 CORPORATE WAY, STE. 204
W. PALM BEACH FL 33407**

Mailing Address

**5725 CORPORATE WAY, STE. 204
W. PALM BEACH FL 33407**

2. Principal Place of Business

Suite, Apt. # etc.

3. Mailing Address

P.O. Box 1009

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach, FL

Zip

Country

Zip

Country

33402

U.S.

4. FEI Number

65-0881924

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GAINES, LIA T
5725 CORPORATE WAY, STE. 204
W. PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name

Lia T. Gaines

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

413 S. Mangonia Circle

City

West Palm Beach,

FL

Zip Code

33401

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 **Lia T. Gaines**

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

(NOTE: Registered Agent signature required when reinstating)

05-31-01

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GAINES, LIA T	
STREET ADDRESS	5725 CORPORATE WAY, STE. 204	
CITY-ST-ZIP	W. PALM BEACH FL 33407	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERRING, EUGENE	
STREET ADDRESS	701 S.W. 8TH AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, MIKE	
STREET ADDRESS	4781 N. CONGRESS AVE.	
CITY-ST-ZIP	LAKE WORTH FL 33462	
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		<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		
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: **Lia T. Gaines**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lia T. Gaines

05-31-01

Date

Daytime Phone #

561-686-0064

CR2E034 (10/00)