2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000099250** Sep 15, 2000 8:00 am Secretary of State 1. Entity Name _RIDGE TERRACE_CORPORATION 09-15-2000 90005 007 ***550.00 Mailing Address Principal Place of Business 2180 HYPOLUXO RD 2180 HYPOLUXO RD **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** RATAPAR 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1559666 PC. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agen Name YANKOW, JEFFREY S Street Address (P.O. Box Number is Not Acceptable) 2180 HYPOLUXO RD **BOYNTON BEACH FL 33426** pmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named en 7-31-00 SIGNATURE FILE NOW!!! FEE IS \$550.00 This corporation is eligible to satisfy its Intengible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PVTS** ☐ Change ☐ Addition TITLE ☐ Defete TITLE MARDEN, GR NAME STREET ADDRESS STREET ADDRESS **5117 JEANNINE CT** CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP__ CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 traster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ND TYPED OR PRINTED NAME OF