

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001686

Entity Name

RIDGEMOOR ASSOCIATES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90135 038 ***150.00

Principal Place of Business

W KENNEDY BLVD
FL 33609

Mailing Address

4320 W KENNEDY BLVD
TAMPA FL 33609-2127

120113

2. Principal Place of Business

3014 U.S. HWY. 19

Suite, Apt. #, etc.

3. Mailing Address

3014 U.S. HWY. 19

Suite, Apt. #, etc.

City & State

HOLIDAY, FL

City & State

HOLIDAY, FL

4. FEI Number

59-3551356

Applied For

Not Applicable

Zip
34691

Country
USA

Zip

34691

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRONSON, MICHAEL
4320 W KENNEDY BLVD
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

RICHARD M. BEKESH

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

3014 U.S. HWY. 19

City

HOLIDAY

FL

Zip Code
34691

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, 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

TITLE NAME	D BRONSON, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4320 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE NAME	D NIKJEH, FARHOD	<input type="checkbox"/> Delete
STREET ADDRESS	4320 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P/D RICHARD M. BEKESH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3014 U.S. HWY. 19	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE NAME	D/VP FARHOD NIKJEH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3014 U.S. HWY. 19	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE NAME	T LAURA E. BEKESH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3014 U.S. HWY. 19	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD M. BEKESH

04/21/00

Date

(727) 938-1516

Daytime Phone #

CR2E034 (9/99)