

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28412

1. Entity Name

RIDENHOUR CONCRETE & SUPPLY, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90102 022 ***150.00

Principal Place of Business

Mailing Address

14058 MT. PLEASANT RD.
JACKSONVILLE FL 32225

14058 MT. PLEASANT RD.
JACKSONVILLE FL 32225-2508

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 **59-3127581**

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

RIDENHOUR, RICKY J.
14058 MT. PLEASANT RD.
JACKSONVILLE FL 32225

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RIDENHOUR, RICKY J.	
STREET ADDRESS	14058 MT PLEASANT RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	SELF, BARRY	
STREET ADDRESS	14058 MT. PLEASANT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RIDENHOUR, DEBRA	
STREET ADDRESS	14058 MT. PLEASANT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RIDENHOUR, BRIL J	
STREET ADDRESS	14058 MT. PLEASANT RD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clemons, Horace	
STREET ADDRESS	1369 South Duval Lake Road	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ridenhour, Brian J.	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-2000

Date

904-221-3205

Daytime Phone #

CR2E034 (9/99)