

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90112 025 ***150.00

DOCUMENT # 348451
 1. Entity Name
FLORIDA RIDGE UTILITIES CORP.

Principal Place of Business 2300 ECON CIR ORLANDO FL 32817 US	Mailing Address PO BOX 677639 ORLANDO FL 32867-7639 US
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2. Principal Place of Business 1406 Hays Street Suite, Apt. #, etc. Suite 2	3. Mailing Address c/o Nat'l Corp. Research, Ltd., Inc., 1406 Hays Street Suite, Apt. #, etc. Suite 2
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City & State Tallahassee, FL	City & State Tallahassee, FL	4. FEI Number 59-1295647	Applied For <input type="checkbox"/> Not Applicable
Zip 32301	Country	Zip 32301	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH LTD., INC.
1406 HAYS STREET, SUITE 2
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	VPTD VACHANI, MOHAN 641 LEXINGTON AVE., 6TH FL NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALL, JAMES 333 RIO RANCHO DR., NE RIO RANCHO NM	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SULLIVAN, GARY 333 RIO RANCHO DRIVE, N.E. RIO RANCHO NM	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mohan Vachani* **Mohan Vachani** 4-28-00 505 896-9034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #