

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002804

1. Entity Name

BROOKSIDE HILLS HOMEOWNERS' ASSOCIATION, INC.

FILED

Mar 27, 2002 8:00 am  
Secretary of State

03-27-2002 90080 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1228 WAKEFIELD LANE  
PENSACOLA FL 32514

1228 WAKEFIELD LANE  
PENSACOLA FL 32514

2. Principal Place of Business

3. Mailing Address

P O Box 951

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gonzalez FL

Zip

Country

Zip

Country

32560

4. FEI Number

59-3743553

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

MOORHEAD, STEPHEN R  
4300 BAYOU BLVD., STE. 13  
PENSACOLA FL 32503

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
DAVIS, THOMAS H JR.  
1228 WAKEFIELD LANE  
PENSACOLA FL 32514 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
PRICE, BOB JR.  
1228 WAKEFIELD LANE  
PENSACOLA FL 32514 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
WARD, KEVIN  
1228 WAKEFIELD LANE  
PENSACOLA FL 32514 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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TITLE  
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS H. DAVIS, JR. 2-22-02 (850) 484-3275  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)