

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36630

1. Entity Name

CARRIAGE CROSSING ASSOCIATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90141 010 ****70.00

Principal Place of Business

1732 KINGLSEY AVENUE
202
ORANGE PARK FL 32073
US

Mailing Address

1732 KINGLSEY AVENUE
STE 202
ORANGE PAK FL 32073-4413
US

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

59-2999021

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRY, ALAN
1732 KINGSLEY AVE
STE 202
ORANGE PARK FL 32073

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 **TD** ☐ Delete
NAME **BIOND, JIM**
STREET ADDRESS **4460 BATTLE CREEK CT, E.**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE ☐ Change ☐ Addition
NAME **Biond, Jim**
STREET ADDRESS **4460 Battle Creek Ct E.**
CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE **SD** ☐ Delete
NAME **ROGERS, JASON**
STREET ADDRESS **12311 STOCK BRIDGE CT S**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE ☐ Change ☐ Addition
NAME **Rogers, Jason**
STREET ADDRESS **12311 Stockbridge Ct S**
CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE **VD** ☒ Delete
NAME **LILLIS, CHRISTOPHER K**
STREET ADDRESS **4406 CARRIAGE CROSSING DR**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE ☐ Change ☐ Addition
NAME **Vetter, Phillip**
STREET ADDRESS **4405 Carriage Crossing Dr**
CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE **PD** ☐ Delete
NAME **DODGE, WILLIAM**
STREET ADDRESS **4391 BATTLE CREEK CT. W.**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE ☐ Change ☐ Addition
NAME **Dodge, William**
STREET ADDRESS **4391 Battle Creek Ct W.**
CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE **PD** ☐ Delete
NAME **FERTGUS, DEBORAH**
STREET ADDRESS **4470 CARRIAGE CROSSING DR**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE ☐ Change ☐ Addition
NAME **Fertgus, Deborah**
STREET ADDRESS **4470 Carriage Crossing Dr**
CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Signature of William Dodge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)