

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91219 046 ****70.00

DOCUMENT # N94000002473

1. Entity Name

BRISTOL HARBOUR PROPERTY OWNERS ASSOCIATION, INC



Principal Place of Business

**5517 SW 69 TERRACE
GAINESVILLE FL 32608**

Mailing Address

**5517 SW 69 TERRACE
GAINESVILLE FL 32608**

2. Principal Place of Business

3. Mailing Address

MaCor Realty Inc

P.O. Box 140502

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 140502

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32614

Country

Alachua

Zip

32614

Country

Alachua

4. FEI Number **59-3367063**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RITCH, BEVIN G
1418 NW 6 STREET
GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name **MaCor Realty, Inc.**
Street Address (P.O. Box Number is Not Acceptable) **10404 SW 24 Avenue**
City **Gainesville** FL Zip Code **32614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

D. Miller

3/11/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, DAVID M	
STREET ADDRESS	5517 SW 69 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PLA, JOHN	
STREET ADDRESS	101 NW 75 ST #1	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RICKS, LOGAN	
STREET ADDRESS	438 S WALNUT ST	
CITY-ST-ZIP	STARKE FL 32091	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schultheis, Susan	
STREET ADDRESS	P.O. Box 1091	
CITY-ST-ZIP	Melrose, FL 32666	
TITLE	TDTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, David M.	
STREET ADDRESS	1631 SW 76 Terrace	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beckett, Brett	
STREET ADDRESS	P.O. Box 109	
CITY-ST-ZIP	Earlton, FL 32631	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

D. Miller

3/11/03

CR2E037 (10/02)