2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State
02-21-2000 90039 013 ****61.25

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DOCUMENT # N97000008856

1. Entity Name
Brier Hill Homeowners Association, Inc. ✓

Principal Place of Business	Mailing Address
1414 Lindrose St JAX, FL. 32206	1414 Lindrose St. JAX, FL 32206

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11553 Kings Ridge Ct. S.	~~P.O. 1~~ 11553 Kings Ridge Ct S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JAX, FL	City & State: JAX, FL
Zip: 32218 Country: Duval	Zip: 32218 Country: Duval

4. FEI Number: 59-3489283 ☐ 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
Copeland, Daniel M. 1414 Lindrose Street. JAX, FL 32206	Name: Bernadette M. Baker Street Address (P.O. Box Number is Not Acceptable): 11553 Kings Ridge Ct. S. City: Jacksonville FL Zip Code: 32218

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: X Bernadette M. Baker — DATE: 2/1/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
	DP Copeland, Daniel M. 1414 Lindrose St. JAX, FL 32206-1650 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Bernadette M. Baker 11553 Kings Ridge Ct. S. Jacksonville, FL 32218 ☑ Change ☐ Addition
	D Copeland, Sharon 1414 Lindrose St. Jacksonville, FL 32206 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Gerald Medlock 11559 Kings Ridge Ct. S. Jacksonville, FL 32218 ☑ Change ☐ Addition
	DVST Colleen Gelman 1414 Lindrose St. Jacksonville, FL 32206 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Debra Thomason 11564 Kings Ridge Ct. S. Jacksonville, FL 32218 ☑ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Aquilla Wiggins 721 Carriage Hill Dr. Jacksonville, FL 32218 ☑ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chaplain Frank Adams 11541 Citrus Cove Ct. Jacksonville, FL 32218 ☐ Change ☑ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: X Bernadette M. Baker — 2/1/00 — 904-791-6154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #