

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90059 018 ****61.25

DOCUMENT # N97000006838

1. Entity Name

BRIER HILL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

11553 KINGS RIDGE COURT SOUTH
JACKSONVILLE FL 32218
US

Mailing Address

11553 KINGS RIDGE COURT SOUTH
JACKSONVILLE FL 32218
US

2. Principal Place of Business

11553 Kings Ridge Ct S
Suite, Apt. #, Etc.

3. Mailing Address

11553 Kings Ridge Ct S
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3489283

Applied For

Not Applicable

Zip

32218

Country

Duval

Zip

32218

Country

Duval

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, BERNADETTE M
11553 KINGS RIDGE COURT SOUTH
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers 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

Bernadette M. Baker Bernadette M. Baker

1/18/01

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

TITLE DP
NAME BAKER, BERNADETTE M
STREET ADDRESS 11553 KINGS RIDGE COURT SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE VPD
NAME MEDLOCK, GERALD
STREET ADDRESS 11559 KINGS RIDGE COURT SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE DVS
NAME WIGGINS, AQUILLA
STREET ADDRESS 731 CARRIAGE HILL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE C
NAME ADAMS, FRANK
STREET ADDRESS 11541 CITRUS COVE COURT
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

Bernadette M. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/01

791-6154

CR2E037 (10/00)