

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006838

1. Entity Name

BRIER HILL HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90342 024 ****61.25

Principal Place of Business

11553 KINGS RIDGE CT S
JACKSONVILLE FL 32218
US

Mailing Address

11553 KINGS RIDGE CT S
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

Zip

32218

Country

US

Zip

32218

Country

US

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

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 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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE DVS
NAME Tanika Peterson ☐ Change ☒ Addition
STREET ADDRESS 11571 Kings Ridge Court S.
CITY-ST-ZIP Jacksonville FL 32218

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

TITLE ☐ Change ☐ Addition
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 registered agent 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/02

904-791-6154

CR2E037 (9/01)