

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 12, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000000552**

1. Entity Name  
 BRIAR PATCH ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business ROUTE 3 BOX 355  LAKE CITY 32025	FL	Mailing Address ROUTE 3 BOX 355  LAKE CITY 32025	FL
--	----	--	----

2. Principal Place of Business RR 2 BOX 1004	3. Mailing Address RR 2 BOX 1004
---	-------------------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State FT. WHITE FL	City & State FT. WHITE FL
------------------------------	------------------------------

Zip 32038	Country US	Zip 32038	Country US
--------------	---------------	--------------	---------------

4. FEI Number <b>59-3530739</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 DICKS J.L.  
 ROUTE 3 BOX 355  
 LAKE CITY FL  
 32025 US

7. Name and Address of New Registered Agent  
 Name  
 JOHNSON LEE  
 Street Address (P.O. Box Number is Not Acceptable)  
 RR 2 BOX 1004  
 City  
 FT. WHITE FL Zip Code  
 32038

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 LEE JOHNSON DATE 09/12/2001  
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 NAME STREET ADDRESS CITY-ST-ZIP	D DICKS HARRY ROUTE 1 BOX 130 LULU FL 32061 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK DONALD ROUTE 1 BOX 67 FORT WHITE FL 32038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKS J.L. ROUTE 3 BOX 355 LAKE CITY FL 32025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSEN ERIC RR 2 BOX 1002 FT. WHITE FL 32038 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIEGNER NORMAN RR 2 BOX 1007 FORT WHITE FL 32038 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON LEE RR 2 BOX 1004 FT. WHITE FL 32038 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lee Johnson D DATE: 09/12/2001

CR2E037 (11/00)