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

FILED Apr 14, 2003 8:00 am Secretary of State

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DOCUMENT # 1. Entity Name	N98000000552	

BRIAR PATCH ESTATES HOMEOWNER'S ASSOCIATION, INC Principal Place of Business Mailing Address · RR 2 BOX 1004 RR 2 BOX 1004 FT. WHITE FL 32038 FT. WHITE FL 32038 US ИS 2. Principal Place of Business 3. Mailing Address 406 SW Uncle Remus Gln. 406 SW Uncle Remus Gln. Suite, Apt. #, etc. Suite Apt # etc. ☑ CHECK HERE IF MAKING CHANGES Applied For City & State
Fort White 4. FEI Number 59-3530739 City & State FL Fort White, FLNot Applicable Country 32038 Country USA \$8.75 Additional 5. Certificate of Status Desired 32038 USA Fee Required 6. Name and Address of Current Registered Ageπt 7. Name and Address of New Registered Agent Stephanie-Blanchard JOHNSON, LEE Street Address (P.O. Box Number is Not Acceptable) **489 UNCLE REMUS GLEN** 406 SW Uncle Remus Gin. FT. WHITE FL 32038 City Fort White 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar SIGNATURE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Change XXAddition DEF Treasurer TITLE Oelete Treasurer () Stephanie Blanchard JOHNSON, LEE NAME NAME STREET ADDRESS STREET ADDRESS RR 2 BOX 1004 406 SW Uncle Remus Gln. CITY-ST-ZIP FT. WHITE FL 32038 CITY-ST-ZIP Fort White. FL 32038 Change Delete TITLE ☐ Addition TITLE Secretary-BIEGNER, NORMAN NAME NAME Norman Biegner **RR 2 BOX 1007** STREET ADDRESS STREET ADDRESS 224 SW Uncle Remus Gln., Ft. White CITY-SI-ZIP FORT-WHITE FL-32038 CITY, ST. ZIP. President XX Change ☐ Addition Delete TITLE TITLE NAME LARSEN, ERIC NAME Eric Larsen STREET ADDRESS RR 2 BOX 1002 STREET ADDRESS 239 SW Uncle Remus Gln. CITY-ST-71P CITY-ST-ZIP FT. WHITE FL 32038 <u>Fort White,</u> FL32038

XAddition ☐ Change Delete TITLE TITLE Vice President NAME NAME Steve Boden STREET ADDRESS STREET ADDRESS 427 SW Uncle Remus Gln. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP ☐ Change Add)tion nne ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 eath; 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: