

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90078 038 ****70.00

DOCUMENT # N97000002310

1. Entity Name

BRIDLE GATE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

PO BOX 1088
CRAWFORDVILLE FL 32326

Mailing Address

PO BOX 1088
CRAWFORDVILLE FL 32326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3590141**

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

HARPER, KAREN
40 SHOEMAKER CT
CRAWFORDVILLE FL 32327

Name **Plagge, Jack**
Street Address (P.O. Box Number is Not Acceptable)
6 Traynot Ct
City **Crawfordville** FL Zip Code **32327**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jack Plagge **Jack Plagge, Treasurer 2-10-03**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **HARPER, KAREN**
STREET ADDRESS **40 SHOEMAKER CT**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

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

TITLE **VD** ☐ Delete
NAME **ATKINS, ANTHONY**
STREET ADDRESS **74 BRIDLE GATE DR**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

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

TITLE **TD** ☐ Delete
NAME **PLAGGE, JACK**
STREET ADDRESS **6 TRAYNOT CT**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

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

TITLE **SD** ☐ Delete
NAME **HALL, JACQUELINE**
STREET ADDRESS **5 BRIDLE GATE CT**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

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

TITLE **D** ☐ Delete
NAME **JACQUES, GREG**
STREET ADDRESS **34 BRIDLE GATE CT**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **PD** ☒ Change ☐ Addition
NAME **Jacques, Greg**
STREET ADDRESS **34 Bridle Gate Ct**
CITY-ST-ZIP **Crawfordville FL 32327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Roman, Eddie**
STREET ADDRESS **49 Bridle Gate Ct**
CITY-ST-ZIP **Crawfordville, FL 32327**

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: Jack Plagge **REQUIRED Jack Plagge** **2-10-03** **(850) 414-0340**

CR2E037 (10/02)