

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769921

1. Entity Name

CARRIAGE HOUSE LANE OWNER'S ASSOCIATION, INC.

Principal Place of Business

2350 S.W. 73RD TERR.
GAINESVILLE FL 32607

Mailing Address

C/O ACTION REALTY
6110-B NW 1ST PL
GAINESVILLE FL 32607
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2333129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUSAMAN, D JEFFREY
C/O ACTION REALTY
6110-B NW 1ST PL
GAINESVILLE FL 32607

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 D
NAME BATTS, JOEL
STREET ADDRESS 2316 SW 73 TERR
CITY-ST-ZIP GAINESVILLE FL 32607 ☒ Delete

TITLE VPD
NAME WAGNER, SUSAN
STREET ADDRESS 2349 SW 73RD TERR
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

TITLE SD
NAME ASSELIN, TOM
STREET ADDRESS 2226 SW 73RD TERRACE
CITY-ST-ZIP GAINESVILLE FL 32607 ☒ Delete

TITLE PD
NAME PATTERSON, BART
STREET ADDRESS 2224 SW 73RD TERR
CITY-ST-ZIP GAINESVILLE FL 3260 ☐ Delete

TITLE D
NAME DICKERSON, JACK
STREET ADDRESS 2327 SW 73 TERR
CITY-ST-ZIP GAINESVILLE FL 32607 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME STEPHEN PATRICK
STREET ADDRESS 2308 SW 73 TER
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Change ☒ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

Date

352 375 3223

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91123 025 *****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)