

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90388 026 ****61.25

DOCUMENT # 769921

1. Entity Name

CARRIAGE HOUSE LANE OWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

**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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **PATRICK, STEPHEN**
 STREET ADDRESS **230B SW 73RD TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **D** ☐ Change ☒ Addition
 NAME **JUSTIN JONES**
 STREET ADDRESS **2334 SW 73 TER**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **TIM ORTIZ**
 STREET ADDRESS **2326 SW 73 TER**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **STACEY MANSFIELD**
 STREET ADDRESS **2316 SW 73 TER**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Delete
 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 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:

BART PATTERSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 (352)375-3223
 Date Daytime Phone #

CR2E037 (9/01)