

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14361

1. Entity Name

BRAMBLE BLUFF HOMEOWNERS ASSOCIATION, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90060 025 ****61.25

Principal Place of Business
2180 PARK AVENUE. N.
SUITE 326
WINTER PARK FL 32789
US

Mailing Address
2180 PARK AVENUE. N.
SUITE 326
WINTER PARK FL 32789-2358
US

2. Principal Place of Business
444 W. New England Ave
Suite, Apt. #, etc.
B

3. Mailing Address
444 W. New England Ave
Suite, Apt. #, etc.
B

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip
32789

Country
USA

Zip
32789

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2768354

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BRACKIN, ANDREA L
2180 PARK AVENUE N.
SUITE 326
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
444 W. New England Ave
Suite B
City
Winter Park FL Zip Code
32789

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 Andrea L. Brackin Andrea L. Brackin - Reg. Agent 3/14/00
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 NAME STREET ADDRESS CITY-ST-ZIP	VPD EFFALDANA, REBECCA 634 UPPERRIVER CT ORLANDO FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Smith, James 12319 Gingham Ct. Orlando, FL 32828 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITMER, JIM 749 CAVE HOLLOW LANE ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEEPLES, CHARLOTTE 12132 PILOT CT. ORLANDO FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAKER, DAVID 729 CAVE HOLLOW LANE ORLANDO FL 32828 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MISKOW, MICHAEL 12313 GINGHAM CT ORLANDO FL 32828 <input checked="" type="checkbox"/> Delete	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"/> Delete	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)(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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)