

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90850 014 ****61.25

DOCUMENT # N14361

1. Entity Name

BRAMBLE BLUFF HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

444 W NEW ENGLAND AVE
 B
 WINTER PARK FL 32789
 US

Mailing Address

444 W NEW ENGLAND AVE
 B
 WINTER PARK FL 32789
 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

59-2768354

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

BRACKIN, ANDREA L
444 W NEW ENGLAND AVE
STE B
WINTER PARK FL 32789

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 **STD** ☐ Delete
 NAME **SMITH, JAMES**
 STREET ADDRESS **12319 GINGHAM CT**
 CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Smith, James**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **WITMER, JIM**
 STREET ADDRESS **749 CAVE HOLLOW LANE**
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE **D** ☐ Delete
 NAME **PEEPLS, BILLY**
 STREET ADDRESS **12132 PILOT CT**
 CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **STD** ☒ Change ☐ Addition
 NAME **Peeples, Billy**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☒ Delete
 NAME **SHOOTER, WILLIAM**
 STREET ADDRESS **12107 CALABOOSE CT**
 CITY-ST-ZIP **ORLANDO FL 32828**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED
JAMES O. WITMER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02
 Date

407 658 1333
 Daytime Phone #

CR2E037 (9/01)