

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90046 016 \*\*\*\*61.25

**DOCUMENT # N96000001800**

1. Entity Name

**TWO BRIDGES EQUESTRIAN HOMEOWNERS ASSOCIATION, I NC.**

Principal Place of Business

Mailing Address

**805 - 37TH PLACE  
 VERO BEACH FL 32960**

**805 - 37TH PLACE  
 VERO BEACH FL 32960**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0673523**

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

**KANTZLER, GARRICK  
 TWO BRIDGES EQUESTRIAN HOMEOWNERS ASSOC.  
 805 - 37TH PLACE  
 VERO BEACH FL 32960**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>PDS</b>	<input type="checkbox"/> Delete
NAME	<b>KANTZLER, GARRICK</b>	
STREET ADDRESS	<b>805 37TH PLACE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>KANTZLER, DOREEN</b>	
STREET ADDRESS	<b>1086 WINDING RIVER ROAD</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, MARY</b>	
STREET ADDRESS	<b>6600 W 82ND AVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

*Mesher 1-20-02 Sec 562-349*

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE