

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030223

1. Entity Name

BRIDGEWATER DEVELOPMENT COMPANY, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90033 030 ***550.00

Principal Place of Business

1420 E ROBINSON ST
 ORLANDO FL 32801
 US

Mailing Address

1420 E ROBINSON ST
 ORLANDO FL 32801
 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 **59-3502816**

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

KARR, THOMAS J JR.
 527 MAIN STREET
 WINDERMERE FL 34786

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME DVP
 STREET ADDRESS KARR, THOMAS J
 CITY-ST-ZIP 527 MAIN ST
 WINDERMERE FL 34786

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

TITLE ☐ Delete
 NAME DVP
 STREET ADDRESS ALLEN, JR, DONALD R
 CITY-ST-ZIP 1420 E ROBINSON ST
 ORLANDO FL 32801

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BROWN, LEE G
 CITY-ST-ZIP 201 GOVERNMENT AVE SW STE 208
 HICKORY NC 28602

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

TITLE ☐ Delete
 NAME DST
 STREET ADDRESS HAGER, THOMAS
 CITY-ST-ZIP 13900 CONLAN CIR STE 240
 CHARLOTTE NC 28277

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

TITLE ☐ Delete
 NAME DAS
 STREET ADDRESS TOWNSEND, R. KEITH
 CITY-ST-ZIP 201 GOVERNMENT AVE SW STE 208
 HICKORY NC 28602

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

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS NEILL, EDWARD
 CITY-ST-ZIP 2965 TATE BLVD SE
 HICKORY NC 28601

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (5/00)