

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000030223**

1. Entity Name

BRIDGEWATER DEVELOPMENT COMPANY, INC.**FILED****Feb 20, 2001 8:00 am
Secretary of State**

02-20-2001 90074 041 ***150.00

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 34786TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME DVP
STREET ADDRESS ALLEN, JR, DONALD R
CITY-ST-ZIP 1420 E ROBINSON ST
ORLANDO FL 32801TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME D
STREET ADDRESS BROWN, LEE G
CITY-ST-ZIP 201 GOVERNMENT AVE SW STE 208
HICKORY NC 28602TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME DST
STREET ADDRESS HAGER, THOMAS
CITY-ST-ZIP 13900 CONLAN CIR STE 240
CHARLOTTE NC 28277TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME DAS
STREET ADDRESS TOWNSEND, R. KEITH
CITY-ST-ZIP 201 GOVERNMENT AVE SW STE 208
HICKORY NC 28602TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME DP
STREET ADDRESS NEILL, EDWARD
CITY-ST-ZIP 2965 TATE BLVD SE
HICKORY NC 28601TITLE ☐ 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 (10/00)