## **FILED**

Apr 28, 2003 8:00 am § Secretary of State

## **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # NO8816

**2003 NOT-FOR-PROFIT CORPORATION** 

1. Entity Name BERN CREEK IMPROVEMENT ASSOCIATION, INC.						04-28-2003 90234 035 ****61.25					
Principal Plac 1550 BERN CR SARASOTA FL US		Mailing Address 2831 RINGLING BLVD 218F SARASOTA FL 34237 US				i iperijā: bii ār	(2) (8) 61 /6161 F1616 <b>6</b> 1	OR WORLD ALBOM GRADIA	<b>. 1.11</b> 11 <b>1</b> 11	11 <b>6:5</b> 11 4 <b>15</b> 1	
2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF	MAKING CHA	ANGES		
City & Stat	e e	City & State				39 2300300				oplied For ot Applicable	
Zip Country		Zip	Cou	Country		5. Certificate of St	atus Desired	T -	<b>75</b> Add	litional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
					Name						
ALL FLORIDA SERVICES 2831 RINGLING BLVD 218F SARASOTA FL 34237				Street Address (P.O. Box Number is Not Acceptable)							
OAI MOO	IN 1 L 04201					FL Zip Code					
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registere	ed office o	r registere	ed agent, or both, in	the State of Florid	da. I am familia	ar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	d Agent signat	ure required v	when reinstating)		DATE			
1	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State					
10.	OFFICERS AND DIE	RECTORS	11.			DDITIONS/CHANG	ES TO OFFICERS	AND DIRECT	ORS IN	10	
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NAME	BOWLING, TERRY	L Delete	NAME					(C)	Mange	☐ Augilion	
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CITY-ST-ZIP	SARASOTA FL 34233			-ST-ZIP	200		UKE			}	
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	SARASOTA FL 34240		_}_		_ ع	JAN 120(14)	1 h 0-463				
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STREET ADDRESS 12001 BACKWATER RD

SARASOTA FL 34240

STREET ADDRESS 231 RING LING BUID, STE 218 F

SARASOTA FL 34237

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:**