## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 13, 2001 8:00 am Secretary of State DOCUMENT # N11966 1. Entity Name BEAR CREEK MANUFACTURED HOMEOWNERS ASSOCIATION. 02-13-2001 90009 013 \*\*\*\*70.00 Principal Place of Business Mailing Address 5 BIG BEAR PATH 5 BIG BEAR PATH ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2608119 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KING, DENNIS 26 GRIZZLY BEAR PATH ORMOND BEACH FL 32174 City Zip Code FL 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. 2/6/0 SIGNATUR Signature, typed or printed oplicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE PD TITLE Change Addition ROCK, JOHN NAME NAME STREET ADDRESS **52 BIG BEAR PATH** STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition MAY, JO ANN NAME NAME STREET ADDRESS 4 POLAR BEAR PATH .... STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL D ☐ Delete TITLE **E** change Addition CLARK, JOHN NAME NAME KodiAK FATh STREET ADDRESS 14 BEAR TOOTH PATH STREET ADDRESS RHOUD BEACK FL 32194 CITY-ST-ZIP CITY-ST-ZIP **ORMOND BEACH FL 32174** TITLE Delete TITLE 4-Change ☐ Addition HILL, RICHARD NAME NAME STREET ADDRESS **6 RUNNING BEACR PATH** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 TITLE TITLE Change ☐ Addition ROBERTSON, ED NAME NAME STREET ADDRESS **5 GENTLE BEN PATH** STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL CITY-ST-ZIP TITLE TITLE Change ☐ Addition WEIGAND, PAT NAME

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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

1 GRIZZLY BEAR PATH

ORMOND BEACH FL

STREET ADDRESS

CITY-ST-7IP

Cont. Additions/Changes To Officers And Directors in 10

Bill Reid

192 Bear Foot Trail

OCHOND BEACH FL 32174

# N11966