

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90241 005 ***150.00

DOCUMENT # P99000084005

1. Entity Name
BENT CREEK PROPERTIES, INC.

Principal Place of Business 2215 S. 3RD ST., STE. 201 JACKSONVILLE BEACH FL 32250	Mailing Address 2215 S. 3RD ST., STE. 201 JACKSONVILLE BEACH FL 32250-4054
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831946



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9551 BAYMEADOWS ROAD	3. Mailing Address 9551 BAYMEADOWS ROAD
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Suite, Apt. #, etc. SUITE 4	Suite, Apt. #, etc. SUITE 4
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City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
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4. FEI Number 52-2193214	Applied For Not Applicable
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Zip 32256	Country	Zip 32256	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
AHERN, FRED L JR.
 2215 S. 3RD ST., STE. 101
 JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent
 Name
E. CHESTER STOKES, JR.
 Street Address (P.O. Box Number is Not Acceptable)
 9551 BAYMEADOWS ROAD, SUITE 4
 City
JACKSONVILLE **FL** Zip Code
32256

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 **3/17/00**
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.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME BRAREN, MICHAEL E	
STREET ADDRESS 2215 S. 3RD ST., STE. 201	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME PUTNAL, JAMES	
STREET ADDRESS 2215 S. 3RD ST., STE. 201	
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STOKES, E. CHESTER, JR.	
STREET ADDRESS 9551 BAYMEADOWS ROAD, SUITE 4	
CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRAREN, MICHAEL E.	
STREET ADDRESS 9551 BAYMEADOWS ROAD, SUITE 4	
CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PUTNAL, JAMES E.	
STREET ADDRESS 9551 BAYMEADOWS ROAD, SUITE 4	
CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BERGMANN, THOMAS C.	
STREET ADDRESS 9551 BAYMEADOWS ROAD, SUITE 4	
CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FREDENHAGEN, SHARON W.	
STREET ADDRESS 9551 BAYMEADOWS ROAD, SUITE 4	
CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HICE, SHERRY	
STREET ADDRESS 9551 BAYMEADOWS ROAD, SUITE 4	
CITY-ST-ZIP JACKSONVILLE, FL 32256	

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: **Sherry Hice, Secretary** **3/17/00** **904/739-2249**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)