

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745897

1. Entity Name

BEAR HOLLOW RANCH PROPERTIES OWNERS' ASSOCIATION

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90111 030 ****61.25

Principal Place of Business
500 BEAR RD
LAKE PLACID FL 33852
US

Mailing Address
P O BOX 2964
LAKE PLACID FL 33862-2964
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 **59-2899539** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WUDKTE, LYNN
518 BEAR ROAD
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name **TERRI CANTWELL**
Street Address (P.O. Box Number is Not Acceptable)
518 BEAR ROAD
509
City **LAKE PLACID** FL **33852**

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 *TERRI CANTWELL*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WUDKTE, LYNN	
STREET ADDRESS	518 BEAR ROAD	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANTWELL, TERRI	
STREET ADDRESS	518 BEAR ROAD	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COLE, JOSEPH E	
STREET ADDRESS	415 BEAR LN	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CLARK, JACK	
STREET ADDRESS	506 BEAR RD	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENSLEY, DALE	
STREET ADDRESS	501 BEAR RD	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, RICHARD	
STREET ADDRESS	500 BEAR ROAD	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	509 BEAR ROAD	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, NEIL	
STREET ADDRESS	403 BEAR LANE	
CITY-ST-ZIP	LAKE PLACID FL 33852	

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: *TERRI CANTWELL* PRESIDENT 2-13-00 863-465-5865
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)