

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

003

DOCUMENT # N33662

1. Entity Name

BLACKBERRY CREEK HOMEOWNER'S ASSOCIATION, INC.

04-27-2001 90286 047 *****61.25

Principal Place of Business

Mailing Address

1633 E. VINE STREET
 STE 110
 KISSIMMEE FL 34744
 US

1633 E. VINE STREET
 STE 110
 KISSIMMEE FL 34744
 US

2. Principal Place of Business

2180 West SR 434

3. Mailing Address

2180 West SR 434

Suite, Apt. #, etc.

5000

City & State

Longwood, FL

Zip

32779

Country

USA

Suite, Apt. #, etc.

5000

City & State

Longwood, FL

Zip

32779

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3074152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LELAND MANAGEMENT, INC.
 1633 E. Vine Street
 Suite 110
 Kissimmee, FL 34744

7. Name and Address of New Registered Agent

Name
HART, JAMES W., JR.
 Street Address (P.O. Box Number is Not Acceptable)
SENTRY MANAGEMENT, INC.
 2180 WEST SR 434, STE 5000
 City
LONGWOOD FL Zip Code
32779

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

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	DST	<input type="checkbox"/> Delete
NAME	WERRELL, DAVE	
STREET ADDRESS	84 BLACKBERRY CREEK DR.	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHROCK, THEADOR	
STREET ADDRESS	8809 BLACKBERRY CIR	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	AULET, JOE	
STREET ADDRESS	65 BLACKBERRY CREEK DR	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BELLOVIN, ROSS	
STREET ADDRESS	3879 BLACKBERRY CIR	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PICKENS, JOHN	
STREET ADDRESS	3853 BLACKBERRY CIR	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" 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		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)