

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767322

1. Entity Name

BEAR CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90071 049 ****61.25

Principal Place of Business 165 WEST STATE ROAD 434 WINTER SPRINGS FL 32708	Mailing Address P.O. BOX 950455 LAKE MARY FL 32795-0455
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2348047	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 EPM SERVICES, INC. 165 WEST STATE ROAD 434 WINTER SPRINGS FL 32708	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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: Arnett Russell Pres EPMSEW 3/20/00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GREENWOOD, ROGER 737 BEAR CREEK CIR WINTER SPRINGS FL 32708 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MULVEY, JIM 759 BEAR CREEK CIRCLE WINTER SPRINGS FL 32708 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUIKA, WALTER 749 BEAR CREEK CIR WINTER SPRINGS FL 32708 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINSON, JOAN 743 BEAR CREEK CIR WINTER SPRINGS FL 32708 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCWHERTOR, PEG 731 BEAR CREEK CIR WINTER SPRINGS FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Arnett Russell Pres EPMSEW 3/12/00 407-365-5946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #