

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

0025463

DOCUMENT # 767322

1. Entity Name

BEAR CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**165 WEST STATE ROAD 434
WINTER SPRINGS FL 32708**

Mailing Address

**P.O. BOX 950455
LAKE MARY FL 32795-0455**

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

59-2348047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EPM SERVICES, INC.
165 WEST STATE ROAD 434
WINTER SPRINGS FL 32708**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	VD 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

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	D Renuka Sivanesen 765 Bear Creek Circle Winter Springs, FL 32708	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger Greenwood

President

1-29-01

Date

(407) 327-5824

Daytime Phone #

CR2E037 (10/00)