2002 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2002 8:00 am **DOCUMENT # 767322** 1. Entity Name **Secretary of State** BEAR CREEK ESTATES HOMEOWNERS ASSOCIATION, INC. 03-13-2002 90011 047 ****61.25 Principal Place of Business Mailing Address 165 WEST STATE ROAD 434 P.O. BOX 950455 WINTER SPRINGS FL 32708 LAKE MARY FL 32795-0455 3. Mailing Address P.O. Box 2. Principal Place of Business 915322 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State ty & State 4. FEI Number Applied For 59-2348047 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired *minole 32791-5322 Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Managemen esceration seem EPM SERVICES, INC. 165 WEST STATE ROAD 434 WINTER SPRINGS FL 32708 8. The above named entity submits this statement for the purpose of changing its registered office or registered at nt, or both, in the state of Florida SIGNATURE re, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE (9/01)Delete Change Addition NAME GREENWOOD, ROGER NAME STREET ADDRESS STREET ADDRESS 737 BEAR CREEK CIR CITY-ST-ZIP CITY-ST-ZIP <u> Winter Springs Fl</u> 32708 TD Delete Change XAddition TITLE NAME MULVEY, JIM NAME STREET ADDRESS 759 BEAR CREEK CIRCLE STREET ADDRESS CMY-ST-ZIP = CITY-ST-ZIP WINTER SPRINGS FL 32708 TITLE Delete TITLE Dhange NAME WILKINSON, JOAN NAME Ordekcin STREET ADDRESS 743 BEAR CREEK CIR STREET ADDRESS Bear CITY-ST-7IP CITY-ST-ZIP WINTER SPRINGS FL 32708 TITLE SD Delete TITLE اصعادا NAME MCWHERTOR, PEG NAME STREET ADDRESS 731 BEAR CREEK CIR STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL CITY-ST-ZIP ☐ Delete TITLE NAME SIVANESEN, RENUKA STREET ADDRESS 765 BEAR CREEK CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 TITLE ☐ Delete TITLE [] Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 equired 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.

CITY-ST-ZIP

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

CITY-ST-ZIP

SIGNATURE: