## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N0000001814

1. Entity Name

## THE LAKES OF BLACK BEAR RESERVE HOMEOWNERS ASSOC IATION, INC.

Principal Place of Business

Mailing Address

505 WEKIVA SPRINGS RD., STE. 500 LONGWOOD FL 32779

505 WEKIVA SPRINGS RD., STE. 500 LONGWOOD FL 32779

## **FILED** May 12, 2002 8:00 am Secretary of State 05-12-2002 90821 001 \*\*\*845.00



Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE
Zip Country Zip Country 59-3642976   Not Applicable    6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    Name   Name    JURGENS, J.A. ESO    505 WEKIVA SPRINGS RD., STE. 500    LONGWOOD FL 32779   City   FL    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   S5.00 May Bo   Added to Fees   Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   PD   CARSON, MARK   STREET ADDRESS   SOE WEKIVA SPRINGS RD., STE. 500   LONGWOOD FL 32779   TITLE   VID   Delete   TITLE   UND   Delete   TITLE
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   Fee Required
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name    Name   Street Address (P.O. Box Number is Not Acceptable)
JURGENS, J.A. ESO S05 WEKIVA SPRINGS RD., STE. 500 LONGWOOD FL 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, byped 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. State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  MAME CARSON, MARK SITERET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779  TITLE  VID Delete  TITLE  Change Addition of Change A
Sof WEKIVA SPRINGS RD., STE. 500 LONGWOOD FL 32779  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.  Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  PD  CARSON, MARK  STREET ADDRESS  CITY-ST-ZIP  LONGWOOD FL 32779  TITLE  VTD  Detelet  TITLE  VTD  Detelet  TITLE  TITLE  VTD  Detelet  TITLE  VTD  Change  Addition  Addition  Change  Addition  Addition  TO Change  Addition  Addition  TO Change  TO Change  Addition  TO Change  Addition  TO Change  TO Change  Addition  TO Change
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE
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  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Added to Fees  PD Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME CARSON, MARK STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779  TITLE VTD  Delete TITLE VTD  Change Addition  Change Addition
8. The above named entity submits this statement for the purpose of changing its 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)  PILE NOW: FEE IS \$61.25    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    State
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   Please   Pl
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.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  FILE NOM: FEE IS \$61.25  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  FOR CARSON, MARK  STREET ADDRESS CITY-ST-ZIP  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  CARSON, MARK  STREET ADDRESS CITY-ST-ZIP  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Addition Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition Change Change Addition Change C
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  FITLE PD Delete TITLE  NAME CARSON, MARK  STREET ADDRESS CITY-ST-ZIP  TITLE  VTD Delete TITLE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  STREET ADDRESS CITY-ST-ZIP  TITLE  VTD Delete TITLE
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12. I hereby certify that the information supplied with this filling 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 signal was the carried level of the control of

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**