

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51377

1. Entity Name

COMMUNITY ASSOCIATION OF BEAR RUN UNIT 6, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90070 050 ****70.00

Principal Place of Business

Mailing Address

~~P. O. BOX 1271~~
~~ORANGE PARK FL 32067-1271~~
~~US~~

~~P. O. BOX 1271~~
~~ORANGE PARK FL 32067-1271~~
~~US~~

2. Principal Place of Business

1732 Kingsley Ave
Suite, Apt. #, etc.
#202

3. Mailing Address

1732 Kingsley Ave
Suite, Apt. #, etc.
#202

City & State
Orange Park
Zip
32073
Country
USA

City & State
Orange Park
Zip
32073
Country
USA

4. FEI Number 59-3260806

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

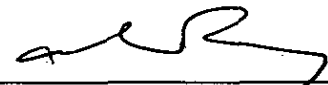
6. Name and Address of Current Registered Agent

DEANE, MICHAEL R
1251 TAHOE COURT
ORANGE PARK FL 32065

7. Name and Address of New Registered Agent

Name Alan Perry
Street Address (P.O. Box Number is Not Acceptable)
1732 Kingsley Ave #202
City Orange Park FL Zip Code 32073

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 19 Apr 00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DOONE, MICHAEL R	
STREET ADDRESS	1251 TAHOE COURT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MAY, ANNAMARIE	
STREET ADDRESS	1250 TAHOE COURT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WALLEY, PEGGY SUE	
STREET ADDRESS	1242 TAHOE COURT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ANDERKO, FRANK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1255 TAHOE COURT	
STREET ADDRESS	ORANGE PARK, FL 32065	
CITY-ST-ZIP	PD	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKee	
STREET ADDRESS	1245 TAHOE COURT	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, TERRY	
STREET ADDRESS	1298 CUTLASS RD	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
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

4/14/00 (904)272-7369
Date Daytime Phone #

CR2E037 (9/99)