

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 30, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000005838**1. Entity Name
THE BEAR FOUNDATION, INC.Principal Place of Business
100 LAMPLIGHTER LANE
PONTE VEDRA BEACH FL 32082
Mailing Address
100 LAMPLIGHTER LANE
PONTE VEDRA BEACH FL 320822. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3413506
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**TABOR-MIOLLA FRANCESCA
100 LAMPLIGHTER LANE
PONTE VEDRA BEACH FL 32082 US**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 _____ DATE **06/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)**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	FCD	<input type="checkbox"/> Delete
NAME	CONWAY LEE	
STREET ADDRESS	7460 FOUNDERS WAY	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	CFD	<input type="checkbox"/> Delete
NAME	MARTIN FAITH	
STREET ADDRESS	32 NORTHGATE	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOCKERY DAUNE	
STREET ADDRESS	168 BARBERRY LANE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	V	<input type="checkbox"/> Delete
NAME	HULFELD JAMES	
STREET ADDRESS	167 BARBERRY LANE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRITCHETT JANET	
STREET ADDRESS	122 GLEN EAGLES CT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TABOR-MIOLLA FRANCESCA	
STREET ADDRESS	100 LAMPLIGHTER LANE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH MICHELLE	
STREET ADDRESS	2610 DALE VIEW DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUSIN MICHELLE	
STREET ADDRESS	2100 OCEAN DR S 2 F	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32259	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ MARGARET	
STREET ADDRESS	665 D PONTE VEDRA BLVD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
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)(f), 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: James Hulfeld V 06/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)