

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005838

1. Entity Name

THE BEAR FOUNDATION, INC.

Principal Place of Business

Mailing Address

100 LAMPLIGHTER LANE
PONTE VEDRA BEACH FL 32082

100 LAMPLIGHTER LANE
PONTE VEDRA BEACH FL 32082

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

59-3413506

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

TABOR-MIOLLA, FRANCESCA
100 LAMPLIGHTER LANE
PONTE VEDRA BEACH FL 32082

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 PD
NAME TABOR-MIOLLA, FRANCESCA
STREET ADDRESS 100 LAMPLIGHTER LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE D
NAME JULIE SHEPLER
STREET ADDRESS 2313 CLUB VIEW DR
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 ☐ Change ☒ Addition

TITLE S
NAME PRITCHETT, JANET
STREET ADDRESS 122 GLEN EAGLES CT
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME HULFELD, JAMES
STREET ADDRESS 187 BARBERRY LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GOMEZ, MARGARET
STREET ADDRESS 665 D PONTE VEDRA BLVD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MOUSIN, MICHELLE
STREET ADDRESS 2100 OCEAN DR S 2 F
CITY-ST-ZIP JACKSONVILLE BEACH FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SMITH, MICHELLE
STREET ADDRESS 2610 DALE VIEW DR
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

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:

FRANCESCA TABOR-MIOLLA

Feb 17, 2002

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90044 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)