2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003
Secretary of State

DOCUMENT# N96000005838

Entity Name: THE BEAR FOUNDATION, INC.

Current Principal Place of Business:

100 LAMPLIGHTER LANE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

100 LAMPLIGHTER LANE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3413506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	TABOR-MIOLLA, FRANCESCA	
Address:	100 LAMPLIGHTER LANE	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	S	(X) Delete
Name:	PRITCHETT, JANET	
Address:	122 GLEN EAGLES CT	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	V	( ) Delete
Name:	HULFELD, JAMES	
Address:	167 BARBERRY LANE	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	D	( ) Delete
Name:	SHEPLER, JULIE	
Address:	2313 CLUB VIEW DR	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	D	( ) Delete
Name:	MOUSIN, MICHELLE	
Address:	2100 OCEAN DR S 2 F	
City-St-Zip:	JACKSONVILLE BEACH, FL 32259	
Title:	D	( ) Delete
Name:	SMITH, MICHELLE	
Address:	2610 DALE VIEW DR	
City-St-Zip:	JACKSONVILLE, FL 32225	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ANDERSON, CICI	
Address:	150 VERACRUZ DRIVE	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCESCA TABOR-MIOLLA PD 01/08/2003

Electronic Signature of Signing Officer or Director — Date