

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001487

1. Entity Name

SOJOURN BEAR, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90312 004 ****61.25

Principal Place of Business

239 NAUTILUS WAY
TREASURE ISLAND FL 33706

Mailing Address

239 NAUTILUS WAY
TREASURE ISLAND FL 33706-4502

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

31-1469226

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

BURLEW, JAN S
239 NAUTILUS WAY
TREASURE ISLAND FL 33706

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 D ☐ Delete
NAME BURLEW, JAN S
STREET ADDRESS 239 NAUTILUS WAY
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE ☐ Change ☐ Addition
NAME BURLEW - SPELLING
STREET ADDRESS correction
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME CARNES, SHEILA
STREET ADDRESS 3940 BELLE VUE VISTA DR E
CITY-ST-ZIP ST PETERSBURG FL 33706

TITLE ☐ Change ☒ Addition
NAME SCHWARTZ MILLER, RAHAY SUE
STREET ADDRESS 2473 KING FISHER LANE # 202
CITY-ST-ZIP ORLANDO FL 33762

TITLE SD ☐ Delete
NAME POSTLETHWAITE, LILLIAN
STREET ADDRESS 661 POINSETTIA AVE., APT. 307
CITY-ST-ZIP CLEARWATER BEACH FL 34630

TITLE ☐ Change ☐ Addition
NAME SD - LILLIAN
STREET ADDRESS POSTLETHWAITE, spelling
CITY-ST-ZIP 39820 U.S. 19 N, address
LOT 126 TARPON SPRING FL 34689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Jan S. Burlew* 4-24-00 727-360315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)