

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90031 048 ****61.25

DOCUMENT # N97000001487

1. Entity Name

SOJOURN BEAR, INC.

Principal Place of Business

Mailing Address

**239 NAUTILUS WAY
 TREASURE ISLAND FL 33706**

**239 NAUTILUS WAY
 TREASURE ISLAND FL 33706**

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 **TD** ☒ Delete
 NAME **DARIO, PATRICIA**
 STREET ADDRESS **11800 DARK BLVD #512**
 CITY-ST-ZIP **SEMINOLE FL 33772**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **Martha Frappier**
 STREET ADDRESS **5330 Springwood Blvd.**
 CITY-ST-ZIP **Ancillas Park, FL 33782**

TITLE ☒ Change ☐ Addition
 NAME **Les Colegrove**
 STREET ADDRESS **18802 Crescent Rd**
 CITY-ST-ZIP **Odessa, FL 33556**

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

TITLE ☐ Change ☐ Addition
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02 **727**
4819282

CR2E037 (9/01)