

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000000445**

1. Entity Name

BLACK BEAR RANCH PROPERTY OWNERS ASSOCIATION, IN

Principal Place of Business

**880 SW 20TH COURT
DELRAY BEACH FL 33445**

Mailing Address

**880 SW 20TH COURT
DELRAY BEACH FL 33445**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**STORCH, GLENN D ESQUIRE
420 SOUTH NOVA ROAD
DAYTONA BEACH FL 32114**

4. FEI Number

65-0932658

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PEDDICORD, DENNY
1142 BUCKLES ROAD
PIERSON FL 32180** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
GRANT, GRANT
821 BUCKLES ROAD
PIERSON FL 32180** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
COLE, TRISH
880 SW 20TH COURT
DELRAY BEACH FL 33445** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
Kristy Grant
821 Buckles Rd
Pierson FL 32180** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Stan Rowe
511 Cherry Street
South Daytona FL 32119** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Trish Cole Sec/Treas. 3/28/01 278-4153**FILED
Apr 26, 2001 8:00 am
Secretary of State**

04-26-2001 90014 045 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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