

2000 UNIFORM BUSINESS REPORT (UBR)

0015547

DOCUMENT # N98000006325

1. Entity Name

THE VILLAGE OF BLACK BEAR RESERVE HOMEOWNERS ASS

Principal Place of Business

Mailing Address

505 WEKIVA SPRINGS RD., STE. 800  
LONGWOOD FL 32779

505 WEKIVA SPRINGS RD., STE. 800  
LONGWOOD FL 32779-6050

FILED

00 APR 13 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

59-3543215

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

JURGENS, J.A. ESQ  
505 WEKIVA SPRINGS RD., STE. 800  
LONGWOOD FL 32779

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	DPS	<input type="checkbox"/> Delete
NAME	CARSON, MARK	
STREET ADDRESS	505 WEKIVA SPRINGS RD., STE. 800	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	CARSON, LEE ANN	
STREET ADDRESS	505 WEKIVA SPRINGS RD., STE. 800	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARSON, ASHLEY W	
STREET ADDRESS	505 WEKIVA SPRINGS RD., STE. 800	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Mark Carson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

Date

(407) 772-2277

Daytime Phone #

CR2E037 (9/99)