

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0004200

DOCUMENT # N98000006325

1. Entity Name

THE VILLAGE OF BLACK BEAR RESERVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

505 WEKIVA SPRINGS RD., STE. 800
500
LONGWOOD FL 32779

Mailing Address

505 WEKIVA SPRINGS RD., STE. 800
500
LONGWOOD FL 32779

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

7. Name and Address of New Registered Agent

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

Name Richard E. Larsen, Esq.

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

55 E. Pine Street

City

Orlando

FL

Zip Code 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Richard E. Larsen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/04

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
CARSON, MARK
505 WEKIVA SPRINGS RD., STE. 800
LONGWOOD FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500030103575
03/03/04--01041--024 **236.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
CARSON, LEE ANN
505 WEKIVA SPRINGS RD., STE. 800
LONGWOOD FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500030103575
03/09/04--01041--025 **183.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARSON, ASHLEY W
505 WEKIVA SPRINGS RD., STE. 800
LONGWOOD FL 32779 ☐ Delete

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

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☐ 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]* REQUIRED *[Signature]* DIR. DEC 1-63 407-234-1677

CR2E037 (4/03)

FILED

04 FEB 20 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04
☐ CHECK HERE IF MAKING CHANGES