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

0004188

DOCUMENT # N98000006346

1. Entity Name

BLACK BEAR RESERVE WATER COMPANY

FILED

03 DEC 31 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
505 WEKIVA SPRINGS RD.. STE. 800 500 LONGWOOD FL 32779	505 WEKIVA SPRINGS RD.. STE. 800 500 LONGWOOD FL 32779

☑ CHECK HERE IF MAKING CHANGES 03

2. Principal Place of Business	3. Mailing Address
994 Lake Destiny Road	994 Lake Destiny Road
Suite, Apt. #, etc.: Suite 102	Suite, Apt. #, etc.: Suite 102
City & State: Altamonte Springs FL	City & State: Altamonte Springs FL
Zip: 32714 Country: 32714 USA	Zip: 32714 Country: USA

4. FEI Number 59-3542429 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Albeet E Ford II Esq.
Street Address (P.O. Box Number is Not Acceptable): 994 Lake Destiny Road
Suite 102
City: Altamonte Springs FL Zip Code: 32714

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: Albeet E Ford II 12/17/03
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
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	D CARSON, MARK R P.O. BOX 520 N/A SORRENTO FL 32776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARSON, LEE ANN P.O. BOX 520 N/A SORRENTO FL 32776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARSON, ASHLEY W P.O. BOX 520 N/A SORRENTO FL 32776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500026970895 01/14/04--01065--019 **236.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (4/03)

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: Albeet E Ford II Lee Ann CARSON 12/12/03 407 884 5304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #