

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90033 008 \*\*\*150.00

**DOCUMENT # P00000025516**

1. Entity Name  
**BLACK BEAR GYPSUM SUPPLY, INC.**

Principal Place of Business

**14733 TURNBERRY COURT  
 CLEARWATER FL 33762**

Mailing Address

**14733 TURNBERRY COURT  
 CLEARWATER FL 33762**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**13000 Automobile Blvd**

Suite, Apt. #, etc.

**Suite 300**

**Clearwater, FL**

**33762**

**USA**

3. Mailing Address

**13000 Automobile Blvd**

Suite, Apt. #, etc.

**Suite 300**

**Clearwater, FL**

**33762**

**USA**

4. FEI Number

**59-3636004**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MILINOVICH, GINA  
 14733 TURNBERRY COURT  
 CLEARWATER FL 33762**

Name

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

**13000 Automobile Blvd**

**Suite 300**

**Clearwater**

**FL**

Zip Code

**33762**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MILINOVICH, GINA</b>
STREET ADDRESS	<b>14733 TURNBERRY COURT</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33762</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>13000 Automobile Blvd, Suite 300</b>
CITY-ST-ZIP	<b>Clearwater, FL 33762</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>O.H. Ron Milinovich</b>
STREET ADDRESS	<b>13000 Automobile Blvd, Suite 300</b>
CITY-ST-ZIP	<b>Clearwater, FL 33762</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

**Gina Milinovich**

Date

Daytime Phone #

**4-28-02 727-556-0662**

CR2E034 (9/01)