

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00004

1. Entity Name

BEAR BROTHERS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90284 009 ***158.75

Principal Place of Business

Mailing Address

39 EAST JEFFERSON STREET
P.O. BOX 2071
MONTGOMERY AL 36102-9071

39 EAST JEFFERSON STREET
P.O. BOX 2071
MONTGOMERY AL 36102-2071

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

63-0253894

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

GLAZER, MICHAEL
AUSLEY, MCMULLEN, MCGEHEE, ET AL.,
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32302

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, TOM E.	
STREET ADDRESS	3623 N. GEORGETOWN	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BEAR, JOE F., JR.	
STREET ADDRESS	2442 MIDFIELD	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BEAR, CLYDE, II	
STREET ADDRESS	2092 MYRTLEWOOD	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOVAK, TABOR	
STREET ADDRESS	2286 COUNTRY CLUB	
CITY-ST-ZIP	MONTGOMERY AL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSTD	<input checked="" 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		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stallings, Daniel Rush, III	
STREET ADDRESS	508 Bristol Court	
CITY-ST-ZIP	Montgomery, AL 36117	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bear, John E.	
STREET ADDRESS	6106 Pear Orchard Road	
CITY-ST-ZIP	Jackson, MS 39211	

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:

Clyde II Bear II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (334) 834-2961

Date

Daytime Phone #

CR2E034 (9/99)