

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084005

1. Entity Name

BENT CREEK PROPERTIES, INC.

Principal Place of Business

9551 BAYMEADOWS ROAD
STE 4
JACKSONVILLE FL 32256

Mailing Address

9551 BAYMEADOWS ROAD
STE 4
JACKSONVILLE FL 32256

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2193214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOKES, E. CHESTER JR
9551 BAYMEADOWS ROAD STE 4
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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, 2001 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 DP ☐ Delete
NAME STOKES, CHESTER E JR
STREET ADDRESS 9551 BAYMEADOWS ROAD STE 4
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE DV ☐ Delete
NAME BRAREN, MICHAEL E
STREET ADDRESS 9551 BAYMEADOWS RD STE 4
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE DV ☐ Delete
NAME PUTNAL, JAMES E
STREET ADDRESS 9551 BAYMEADOWS ROAD STE 4
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE DV ☐ Delete
NAME BERGMANN, THOMAS C
STREET ADDRESS 9551 BAYMEADOWS ROAD STE 4
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VT ☐ Delete
NAME FREDENHAGEN, SHARON W
STREET ADDRESS 9551 BAYMEADOWS ROAD STE 4
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE S ☐ Delete
NAME HICE, SHERRY
STREET ADDRESS 951 BAYMEADOWS ROAD STE 4
CITY-ST-ZIP JACKSONVILLE FL 32256

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Sherry Hice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry Hice

4/16/01

Date

904/739-2249

Daytime Phone #

CR2E034 (10/00)