

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90059 018 ****61.25

DOCUMENT # 716109

1. Entity Name

PORT BELLEAIR NO. 2, INC., A CONDOMINIUM

Principal Place of Business

Mailing Address

147 BLUFFVIEW DR
 BELLEAIR BLUFFS FL 33770
 US

147 BLUFFVIEW DR
 BELLEAIR BLUFFS FL 33770-1333
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1999383

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITFIELD, ROBERT
147 BLUFFVIEW DR #305
BELLEAIR BLUFFS FL 34640

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **T**
PRALL, BETTY
 STREET ADDRESS **147 BLUFF VIEW DR #309**
 CITY-ST-ZIP **BELLEAIR BLUFFS FL**

TITLE Change Addition
 NAME **Sd**
Connie Sweet
 STREET ADDRESS **147 Bluff View Dr. #402**
 CITY-ST-ZIP **Belleair Bluffs, Fl.**

TITLE Delete
 NAME **PD**
WHITFIELD, ROBERT
 STREET ADDRESS **147 BLUFFVIEW DRIVE STE 305**
 CITY-ST-ZIP **BELLEAIR-BLUFFS FL-33770**

TITLE Change Addition
 NAME **D**
Cal Frye
 STREET ADDRESS **147 Bluff View Dr. #202**
 CITY-ST-ZIP **Belleair Bluffs, FL**

TITLE Delete
 NAME **SD**
STRAW, SHIRLEY
 STREET ADDRESS **147 BLUFFVIEW DR 306**
 CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
LITTLE, SYLVIA
 STREET ADDRESS **147 BLUFF VIEW DR #401**
 CITY-ST-ZIP **BELLEAIR BLUFFS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
LEIPMAN, DORIS
 STREET ADDRESS **147 BLUFF VIEW DR #103**
 CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
SMITH, JANE
 STREET ADDRESS **147 BLUFF VIEW DR #104**
 CITY-ST-ZIP **BELLEAIR BLUFFS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Betty Prall* **BETTY PRALL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00 **3/24/00** *127-581-8692*
 Date Daytime Phone #