

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90057 002 ****61.25

DOCUMENT # 716109

1. Entity Name

PORT BELLEAIR NO. 2, INC., A CONDOMINIUM

Principal Place of Business

147 BLUFFVIEW DR
 BELLEAIR BLUFFS FL 33770
 US

Mailing Address

147 BLUFFVIEW DR
 BELLEAIR BLUFFS FL 33770
 US

817735



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1999383

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

**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

TITLE	T	<input type="checkbox"/> Delete
NAME	PRALL, BETTY	
STREET ADDRESS	147 BLUFF VIEW DR #309	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRYE, CAL	
STREET ADDRESS	147 BLUFF VIEW DR. #202	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWEET, CONNIE	
STREET ADDRESS	147 BLUFF VIEW DR. #402	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEIPMAN, DORIS	
STREET ADDRESS	147 BLUFF VIEW DR #103	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, JANE	
STREET ADDRESS	147 BLUFF VIEW DR #104	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whitfield, Robert	
STREET ADDRESS	147 Bluffview Dr. #305	
CITY-ST-ZIP	Belleair Bluffs FL. 33770-1333	
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		

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01
 Date

727-581-8692
 Daytime Phone #

CR2E037 (10/00)

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