

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90203 011 \*\*\*\*61.25

00436889

**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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1999383</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  WHITFIELD, ROBERT 147 BLUFFVIEW DR #305 BELLEAIR BLUFFS FL 34640	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: PRALL, BETTY STREET ADDRESS: 147 BLUFF VIEW DR #309 CITY-ST-ZIP: BELLEAIR BLUFFS FL	<input type="checkbox"/> Delete	VD NAME: DONNA CLARIZIO STREET ADDRESS: 147 BLUFF VIEW DR. #310 CITY-ST-ZIP: BELLEAIR BLUFFS, FL. 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P NAME: WHITFIELD, ROBERT STREET ADDRESS: 147 BLUFF VIEW DR. #202 CITY-ST-ZIP: LARGO FL 33770-1333	<input type="checkbox"/> Delete	D NAME: RETA WHITFIELD STREET ADDRESS: 147 BLUFF VIEW DR. #305 CITY-ST-ZIP: BELLEAIR BLUFFS, FL. 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SD NAME: SWEET, CONNIE STREET ADDRESS: 147 BLUFF VIEW DR. #402 CITY-ST-ZIP: BELLEAIR BLUFFS FL	<input checked="" type="checkbox"/> Delete	D NAME: JOAN CULLITON STREET ADDRESS: 147 BLUFF VIEW DR. #307 CITY-ST-ZIP: BELLEAIR BLUFFS, FL. 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: LEIPMAN, DORIS STREET ADDRESS: 147 BLUFF VIEW DR #103 CITY-ST-ZIP: BELLEAIR BLUFFS FL 33770	<input checked="" type="checkbox"/> Delete	P NAME: ROBERT WHITFIELD STREET ADDRESS: 147 BLUFF VIEW DR. #305 CITY-ST-ZIP: BELLEAIR BLUFFS, FL. 33770	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD NAME: SMITH, JANE STREET ADDRESS: 147 BLUFF VIEW DR #104 CITY-ST-ZIP: BELLEAIR BLUFFS FL	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 3/16/02 787-581-8692  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)