

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90003 008 ****61.25

DOCUMENT # 718802

1. Entity Name

PORT BELLEAIR NO.3, INC., A CONDOMINIUM

Principal Place of Business

Mailing Address

C/O FLORIDA CENTRAL MANAGEMENT INC
 2430 ESTANCIA BLVD., SUITE 114
 CLEARWATER FL 34621
 US

C/O FLORIDA CENTRAL MANAGEMENT INC
 2430 ESTANCIA BLVD., SUITE 114
 CLEARWATER FL 33761-2607
 US

00031693



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1981427

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FLORIDA CENTRAL MANAGEMENT INC
 2430 ESTANCIA BLVD
 SUITE 114
 CLEARWATER FL 33761

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	VPD	<input type="checkbox"/> Delete
NAME	PETERSON, PETE	
STREET ADDRESS	139 BLUFFVIEW DRIVE #107	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, LARRY	
STREET ADDRESS	139 BLUFFVIEW DR #405	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TABOR, HAROLD	
STREET ADDRESS	139 BLUFF VIEW DR	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANDREWS, FRANK	
STREET ADDRESS	139 BLUFFVIEW DRIVE, #205	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SIT TABOR, HAROLD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	139 BLUFFVIEW DR #205	
STREET ADDRESS	BELLEAIR BLUFFS, FL 33770	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D HANNUM, BETTY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	139 BLUFFVIEW DR # 106	
STREET ADDRESS	BELLEAIR BLUFFS, FL 33770	
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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)