2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State
04-07-2001 90024 017 ****61.25

0063918

DOCUMENT # 730203

1. Entity Name

BELLEVIEW BILTMORE VILLAS BAYSHORE II, INC.

Principal Place of Business	Mailing Address
~~X4173 E BAY DR~~	~~X4173 E BAY DR~~
~~X STE 205X~~	~~X STE 205X~~
~~XXXXXXXXXXXXX~~	~~XXXXXXXXXXXXX~~
~~X CLEARWATER FL 34624X~~	~~X CLEARWATER FL 34624X~~
~~US~~	~~US~~

739234

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Rampart Properties	10033 9th St. N. 2nd FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State
Zip: 33716 / Country	Zip / Country

4. FEI Number: 59-1560917 — Applied For / Not Applicable

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
SMITH, BRIAN 10033 9TH STREET N 2ND FL SAINT PETERSBURG FL 33716	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 D NAME VETTER, FRANK STREET ADDRESS 10033 9TH STREET N, 2ND FL CITY-ST-ZIP SAINT PETERSBURG FL 33716	☒ Delete	TITLE PD NAME Mathios, Nicholas STREET ADDRESS 10033 9th Street N., 2nd FL. CITY-ST-ZIP St. Petersburg, FL 33716	☐ Change ☒ Addition
TITLE P NAME PRATER, ETHEL STREET ADDRESS 10033 9TH STREET N CITY-ST-ZIP ST PETERSBURG FL 33716-3805	☒ Delete	TITLE TD NAME Hemming, Ken STREET ADDRESS 10033 9th Street N., 2nd Floor CITY-ST-ZIP St. Petersburg, FL 33716	☐ Change ☒ Addition
TITLE T NAME GOODMAN, JOSEPH STREET ADDRESS 10033 9TH STREET N CITY-ST-ZIP ST PETERSBURG FL 33716-3805	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE SD NAME HESEBECK, KURT STREET ADDRESS 10033 9TH STREET CITY-ST-ZIP ST PETERSBURG FL	☒ Delete	TITLE SD NAME Warburton, Ann STREET ADDRESS 10033 9th Street N., 2nd FL CITY-ST-ZIP St. Petersburg, FL 33716	☐ Change ☒ Addition
TITLE SD NAME HESEBECK, KURT STREET ADDRESS 220 BELLEVIEW BLVD, #706 CITY-ST-ZIP BELLEAIR FL 33756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME FRANK, PETER STREET ADDRESS 10033 9TH STREET N, 2ND FL CITY-ST-ZIP SAINT PETERSBURG FL 33716	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/00)