


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90669 025 \*\*\*\*61.25

**DOCUMENT # 730203**  
1. Entity Name  
**BELLEVIEW BILTMORE VILLAS-BAYSHORE II, INC.**



Principal Place of Business  
**C/O RESOURCE MANAGEMENT, INC.  
103 CLEVELAND AVE SW  
LARGO FL 33770  
US**

Mailing Address  
**C/O RESOURCE MANAGEMENT, INC.  
103 CLEVELAND AVE SW  
LARGO FL 33770  
US**

2. Principal Place of Business  
**7300 PARK ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**7300 PARK ST**  
Suite, Apt. #, etc.

City & State  
**Seminole FL**

City & State  
**Seminole FL**

Zip  
**33777** Country  
**USA**

Zip  
**33777** Country  
**USA**



CHECK HERE IF MAKING CHANGES

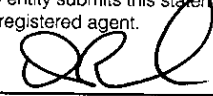
4. FEI Number **59-1560917** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**RESOURCE MANAGEMENT, INC.  
103 CLEVELAND AVE SW  
LARGO FL 33770**

7. Name and Address of New Registered Agent  
Name **Resource mgmt**  
Street Address (P.O. Box Number is Not Acceptable)  
**7300 PARK ST**  
City **Seminole FL** Zip Code **33777**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

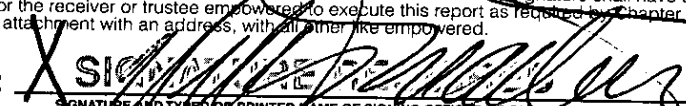
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MATHIOS, NICHOLAS 10033 9TH STREET N, 2ND FL SAINT PETERSBURG FL 33716</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HEMMING, KEN 10033 9TH STREET N 2ND FLOOR ST PETERSBURG FL 33716-3805</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD COOK, CHARLES 10033 9TH STREET N ST PETERSBURG FL 33716-3805</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WARBURTON, ANN 10033 9TH STREET N 2ND FLOOR SAINT PETERSBURG FL 33716</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KORAL, RUTH 10033 NINTH STREET NORTH SAINT PETERSBURG FL 33716</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:  **2/5/03 58-2662**

CR2E037 (10/02)