

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **743044**  
 1. Entity Name  
**Boulevard Association, Inc**

**FILED**  
 00 JUN 20 PM 1:25

Principal Place of Business      Mailing Address  
**7701 Starkey Rd**      **7701 Starkey Rd**  
**Seminole, FL 33777**      **Seminole, FL 33777**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
*Amended*

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

4. FEI Number      Applied For  
**59-2036500**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Liberte Management Group op inc**  
**10645 1st St E**  
**Treasure Island, FL 33706**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

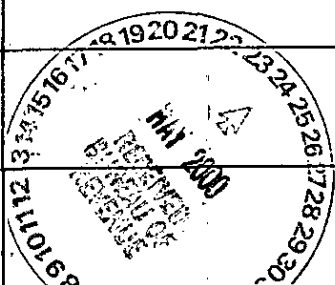
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	<b>P. Hugh Ferguson</b>
STREET ADDRESS	<b>7701 Starkey Rd #519</b>
CITY-ST-ZIP	<b>Seminole, FL 33777</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VP Beverly Deveau</b>
STREET ADDRESS	<b>7701 Starkey Rd #504</b>
CITY-ST-ZIP	<b>Seminole, FL 33777</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>CAROL TUORTO</b>
STREET ADDRESS	<b>7701 Starkey Rd #702</b>
CITY-ST-ZIP	<b>Seminole, FL 33777</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>DAN GAIGANO</b>
STREET ADDRESS	<b>7701 Starkey Rd #427</b>
CITY-ST-ZIP	<b>Seminole, FL 33777</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>DI Tom DeCESARE</b>
STREET ADDRESS	<b>7701 Starkey Rd #104</b>
CITY-ST-ZIP	<b>Seminole, FL 33777</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D KEN KIBIER</b>
STREET ADDRESS	<b>7701 Starkey Rd #431</b>
CITY-ST-ZIP	<b>Seminole, FL 33777</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	<b>D HENRY KORCZ</b>
STREET ADDRESS	<b>7701 Starkey Rd #626</b>
CITY-ST-ZIP	<b>Seminole, FL 33777</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	<b>DS CAROL RAIMANN</b>
STREET ADDRESS	<b>7701 Starkey Rd #510</b>
CITY-ST-ZIP	<b>Seminole, FL 33777</b>
NAME	<b>100003314341--2</b>
STREET ADDRESS	<b>-07/06/00--01013--015</b>
CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	<b>LS</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
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 19 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: changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Carol Ann Tuorto**      Date: **April 30, 2000**  
Signature and typed or printed name of signing officer or director