

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90196 002 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # 751968**

1. Entity Name  
**BELLEVIEW GULF CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business INC. 18399 GULF BLVD. INDIAN SHORES FL 33785	Mailing Address C/O PAREKH COMMONS & CO.. CPA 2700 EAST BAY DRIVE. #107 LARGO FL 33771-2459
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2089698</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BROOKS, MICHAEL**  
**105 S. KINGSWAY ROAD**  
**SEFFNER FL 33603**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW: FEES 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	
TITLE NAME DS NEWTON, BILL	<input type="checkbox"/> Delete	TITLE NAME Laddy Alvarez - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 906 LAKEMONT DR		STREET ADDRESS 504 W. Hilda	
CITY-ST-ZIP VALRICO FL 33594		CITY-ST-ZIP Tampa, FL 33604	
TITLE NAME SD BAILEY, NANCY	<input checked="" type="checkbox"/> Delete	TITLE NAME Faustino Costa - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1226 N. PINELAND DR.		STREET ADDRESS 9714 Martha Road	
CITY-ST-ZIP TAMPA FL 33612		CITY-ST-ZIP Tampa, FL 33615	
TITLE NAME DT BROOKS, MARTHA	<input type="checkbox"/> Delete	TITLE NAME Kathi Pringle, - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1511 ALDERWAY		STREET ADDRESS PO Box 363	
CITY-ST-ZIP BRANDON FL 33510		CITY-ST-ZIP Lithia, FL 33547	
TITLE NAME DV DOAN, DONNA	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 875 JOAN ST		STREET ADDRESS	
CITY-ST-ZIP DUNEDIN FL 34698		CITY-ST-ZIP	
TITLE NAME DP BROOKS, MICHAEL	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 105 S. KINGSWAY RD		STREET ADDRESS	
CITY-ST-ZIP SEFFNER FL 33603 33584		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Michael Brooks SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 2/25/02 (B) Daytime Phone #: 6894511

CR2E037 (9/99)