

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 11, 2000 8:00 am
Secretary of State

03-29-2000 90063 023 ****61.25

DOCUMENT # 754308

1. Entity Name

BELLEVIEW BILTMORE VILLAS-SOUTH GARDEN-8 BELLEVI

Principal Place of Business

Mailing Address

1700 MCMULLEN BOOTH RD. STE C3
 CLEARWATER FL 34619

1700 MCMULLEN BOOTH RD. STE C3
 CLEARWATER FL 33759-2129

2. Principal Place of Business

2189 Cleveland Street

3. Mailing Address

2189 Cleveland Street

Suite, Apt. #, etc.
 #225

Suite, Apt. #, etc.
 #225

City & State
 Clearwater, FL

City & State
 Clearwater, FL

Zip
 33765

Country
 Pinellas

Zip
 33765

Country
 Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2073063

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEIGHTON, LENNARD A.
 1700 MCMULLEN BOOTH ROAD
 SUITE C3
 CLEARWATER FL 34619

LEIGHTON, LENNARD A
 C/O SEABOARD ARBORS MANAGEMENT
 2189 CLEVELAND ST. STE. 225
 CLEARWATER FL 33765
 US

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VP/D	MCLEOD, JOHN	8 BELLEVIEW BLVD. #707	BELLEAIR FL 33756	<input type="checkbox"/>	<input type="checkbox"/>
SD	WELSH, LEO	8 BELLEVIEW BLVD #506	BELLEAIR FL	<input type="checkbox"/>	<input type="checkbox"/>
PD	MCNIFF, JOHN	8 BELLEVIEW BLVD. #407	BELLEAIR FL 33756	<input type="checkbox"/>	<input type="checkbox"/>
TD	OTTO, BOB	8 BELLVIEW BLVD NO. 704	BELLEAIR FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	HARKINS, RICHARD	8 BELLEVIEW BLVD., #201	BELLEAIR FL 33756	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

3-8-00

Date

727-443-1359

Daytime Phone #

CR2E037 (9/99)