

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90070 037 \*\*\*\*61.25

**DOCUMENT # 754308**

1. Entity Name

**BELLEVUE BILTMORE VILLAS-SOUTH GARDEN-8 BELLEVUE BLVD., INC.**

Principal Place of Business

2189 CLEVELAND STREET  
 #225  
 CLEARWATER FL 33765

Mailing Address

2189 CLEVELAND STREET  
 #225  
 CLEARWATER FL 33765

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

**59-2073063**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**FEE 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: **TD**  Delete  
 NAME: **MCLEOD, JOHN**  
 STREET ADDRESS: **8 BELLEVUE BLVD #707**  
 CITY-ST-ZIP: **BELLEAIR FL 33756**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **SD**  Delete  
 NAME: **WELSH, LEO**  
 STREET ADDRESS: **8 BELLEVUE BLVD #506**  
 CITY-ST-ZIP: **BELLEAIR FL 33756**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **PD**  Delete  
 NAME: **MCONIFF, JOHN**  
 STREET ADDRESS: **8 BELLEVUE BLVD. #407**  
 CITY-ST-ZIP: **BELLEAIR FL 33756**

TITLE: **VPD**  Change  Addition  
 NAME: **Richard Lodge**  
 STREET ADDRESS: **8 Bellevue Blvd., #204**  
 CITY-ST-ZIP: **Belleair, FL 33756**

TITLE: **VPD**  Delete  
 NAME: **BOYLE, ROBERT**  
 STREET ADDRESS: **8 BELLEVUE BLVD #702**  
 CITY-ST-ZIP: **BELLEAIR FL 33756**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **D**  Delete  
 NAME: **MERSIS, EMANUEL**  
 STREET ADDRESS: **8 BELLEVUE BLVD #508**  
 CITY-ST-ZIP: **BELLEAIR FL 33756**

TITLE: **PD**  Change  Addition  
 NAME: **Emanuel Mersis**  
 STREET ADDRESS: **8 Bellevue Blvd., #508**  
 CITY-ST-ZIP: **Belleair, FL 33756**

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 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 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 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

**3/11/02**

Date

**727 443-7943**

Daytime Phone #

CR2E037 (9/01)