

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90061 043 \*\*\*\*61.25

**DOCUMENT # 754308**



1. Entity Name  
**BELLEVIEW BILTMORE VILLAS-SOUTH GARDEN-8 BELLEVIEW BLVD., INC.**

Principal Place of Business Mailing Address  
**% 103 CLEVELAND AVENUE S.W. LARGO FL 33770**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.  
**7300 PARK ST SEMINOLE FL 33777**

3. Mailing Address Suite, Apt. #, etc.  
**7300 PARK ST SEMINOLE FL 33777**

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  
**THOMAS, DOROTHY  
% RESOURCE MANAGEMENT, INC.  
103 CLEVELAND AVENUE S.W.  
LARGO FL 33770**

7. Name and Address of New Registered Agent  
Name **Daba Benhart**  
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 DATE

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

**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	<b>TD</b> <input type="checkbox"/> Delete
NAME	<b>MCLEOD, JOHN</b>
STREET ADDRESS	<b>8 BELLEVIEW BLVD #707</b>
CITY-ST-ZIP	<b>BELLEAIR FL 33756</b>
TITLE	<b>SD</b> <input type="checkbox"/> Delete
NAME	<b>WELSH, LEO</b>
STREET ADDRESS	<b>8 BELLEVIEW BLVD #506</b>
CITY-ST-ZIP	<b>BELLEAIR FL 33756</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>LODGE, RICHARD</b>
STREET ADDRESS	<b>8 BELLEVIEW BLVD #204</b>
CITY-ST-ZIP	<b>BELLEAIR FL 33756</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>MERSIS, EMANUEL</b>
STREET ADDRESS	<b>8 BELLEVIEW BLVD #508</b>
CITY-ST-ZIP	<b>BELLEAIR FL 33756</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **1/21/03**

CR2E037 (10/02)