

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90012 008 ****61.25

DOCUMENT # 755027

1. Entity Name
BELLA VISTA COMMUNITY FACILITIES, INC. ✓

Principal Place of Business Mailing Address
 1127 SEMINOLE E. 35-A 1127 SEMINOLE E. 35-A
 JUPITER FL 33477 JUPITER FL 33477

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 Applied For
35-1109992 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
PICK, MICHAEL V
1127 SEMINOLE EAST
#35A
JUPITER FL 33477

7. Name and Address of New Registered Agent
 Name: **Sharon Rashid**
 Street Address (P.O. Box Number is Not Acceptable): **1127 Seminole E. 6C**
 City: **Jupiter FL** Zip Code: **FL 33477**

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: *Gail Manning Trees*
 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
After September 13, 2000 min. will be \$236.25

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	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINERT, RICHARD W	NAME	
STREET ADDRESS	850 BELLA VISTA COURT, S	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> Delete	TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNDERWOOD, BONNIE	NAME	Gail Manning
STREET ADDRESS	1127 SEMINOLE E 1-A	STREET ADDRESS	1127 Seminole E. 24A
CITY-ST-ZIP	JUPITER FL 33477	CITY-ST-ZIP	Jupiter, FL. 33477
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICK, V. M	NAME	Sharon Rashid
STREET ADDRESS	1127 SEMINOLE EAST 14-A	STREET ADDRESS	1127 Seminole E. 6C
CITY-ST-ZIP	JUPITER FL 33477	CITY-ST-ZIP	Jupiter, FL. 33477
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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: *Gail Manning Trees* Date: 7/24/00 Daytime Phone #

CR2E037 15/000