2000 UNIFORM BUSINESS REPORT (UBR)

(1)

1 of 2

0087323

DOCUMENT # 769925

1. Entity Name

BELLE OAKS TOWNHOUSES ASSOCIATION, INC.

FILED

00 MAR 20 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2180 WESWT SR 434. SUITE 5000 LONGWOOD FL 32779-5044 US	2180 WESWT SR 434. SUITE 5000 LONGWOOD FL 32779 US

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 59-2891038 59-1453114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUNCH, DONALD J FOUR SEASONS MANAGEMENT 10036 SAWGRASS DR., STE. 3 PONTE VEDRA BEACH FL 32082	N S HART, JAMES W JR -SENTRY-MANAGEMENT INC 2180 W SR 434 STE 5000 C LONGWOOD FL 32779-5044

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 _____ 2/3/00
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	P D WEISENBURGH, LOU 10754 SCOTT MILL RD #4 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D 1000031887731--7 -03/29/00--01064--020 32217 *****61.25 *****61.25 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFITH, MARGE 10754 SCOTT MILL RD #9 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD 32217 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROTH, NEIL 10754 SCOTT MILL RD., #2 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNES, LOANNE 10754 SCOTT MILL RD #14 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BARNES, LUANNE 32217 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D CLINTON, CAROLYN 10754 SCOTT MILL RD., #15 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D 32217 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYFIELD, WENDIE 10754 SCOTT MILL RD., #6 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SP 32217 ☒ Change ☐ Addition

CR2E037 (9/99)

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: B Weisenburgh REQUIRED 3-13-00 904 880-1936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 7699725 (2) 2 of 2

ADD
SD
KING, BONNIE
10754 SCOTT MILL RD #10
JACKSONVILLE FL 32217