

2001 UNIFORM BUSINESS REPORT (UBR)

0010152 AF

DOCUMENT # A09962

1. Entity Name
BELVIEW ASSOCIATES, LTD.

FILED

01 MAR 12 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**516 LAKEVIEW ROAD, UNIT 8
CLEARWATER FL 33756**

Mailing Address
**516 LAKEVIEW ROAD, UNIT 8
CLEARWATER FL 33756**

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 **59-2054280**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLYNN, THOMAS F
516 LAKEVIEW ROAD, UNIT 8
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$234,600.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FLYNN, THOMAS F. 516 LAKEVIEW RD, UNIT 8 CLEARWATER FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RUTENBERG, ARTHUR 400 GULF BOULEVARD BELLEAIR SHORES FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	TIBMA, DAVID G. 51 HODGES LANE SANTA BARBARA CA
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33756
STREET ADDRESS	
CITY-ST-ZIP	Belleair Shores, FL 33786-3201
STREET ADDRESS	
CITY-ST-ZIP	Santa Barbara, CA 93108
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Thomas F. Flynn* **Thomas F. Flynn, GP** **3/01/01** **727-449-1182**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)