

**2000 UNIFORM BUSINESS REPORT (UBR)**

S/1:

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90324 049 \*\*\*\*61.25

**DOCUMENT # N07453**

1. Entity Name  
**BENTLEY PARK COMMUNITY ASSOCIATION, INC.**

Principal Place of Business % CALIBER CONDO MGT. INC 1801 PEPPERTREE DR OLDSMAR FL 34677 US	Mailing Address % CALIBER CONDO MGT. INC 1801 PEPPERTREE DR OLDSMAR FL 34677-2741 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>% CALIBER MGT, INC.</b>	3. Mailing Address <b>% CALIBER MGT, INC.</b>
Suite, Apt. #, etc. <b>32708 US19 NORTH</b>	Suite, Apt. #, etc. <b>32708 US19 NORTH</b>
City & State <b>PAHM HARBOR, FL</b>	City & State <b>PAHM HARBOR, FL</b>
Zip <b>34684</b>	Zip <b>34684</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-2777347</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CIANFRONE, JOSEPH**  
**1968 BAYSHORE BLVD**  
**DUNEDIN FL 34698**

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

**FILE NOW:**  
**FEES 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIORE, JAMES D 2599 BENTLEY DR PALM HARBOR FL 34684 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, KIMBERLY L 3003 PINE FOREST DRIVE PALM HARBOR FL 34684 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAUCH, JOACHIM D 3243 PINE FOREST DR PALM HARBOR FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Ray Sullivan</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ray Sullivan 3223 Pine Forest Drive Palm Harbor, FL 34684 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ray Sullivan* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/24/00 Daytime Phone #

CR2E037 (9/99)