

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90088 014 \*\*\*\*61.25

009615

**DOCUMENT # N07453**

1. Entity Name

**BENTLEY PARK COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

%CALIBER MGMT. INC  
 32708 US 79 NORTH  
 PALM HARBOR FL 34684  
 US

%CALIBER MGMT. INC  
 32708 US 79 NORTH  
 PALM HARBOR FL 34684  
 US

**60037737**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2777347**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CIANFRONE, JOSEPH**  
**1968 BAYSHORE BLVD**  
**DUNEDIN FL 34698**

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 \_\_\_\_\_  
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: PD  
 NAME: **FIORE, JAMES**  Delete  
 STREET ADDRESS: **2599 BENTLEY DR**  
 CITY-ST-ZIP: **PALM HARBOR FL 34684**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: VPD  Delete  
 NAME: **SULLIVAN, RAY**  
 STREET ADDRESS: **3223 PINE FOREST DRIVE**  
 CITY-ST-ZIP: **PALM HARBOR FL 34684**

TITLE:  Change  Addition  
 NAME: **D**  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: STD  Delete  
 NAME: **RAUCH, JOACHIM**  
 STREET ADDRESS: **3243 PINE FOREST DR**  
 CITY-ST-ZIP: **PALM HARBOR FL**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
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 CITY-ST-ZIP:  Delete

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 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  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:

*James H. Fiore* **JAMES H. FIORE PRES.** *4/16/01 127 772-1996*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)