

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90073 031 ****61.25

DOCUMENT # N16162

1. Entity Name

**BELLE MEADE HOMEOWNERS' ASSOCIATION OF HILLSBORO
 UGH COUNTY, INC.**



Principal Place of Business

Mailing Address

**% FIRST CHOICE ASSOCIATION
 3440 EAST LAKE ROAD, SUITE 106
 PALM HARBOR FL 34685**

**% FIRST CHOICE ASSOCIATION
 3440 EAST LAKE ROAD, SUITE 106
 PALM HARBOR FL 34685**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10033 Ninth Street N.

3. Mailing Address

10033 Ninth Street N.

Suite, Apt. #, etc.
Second Floor

Suite, Apt. #, etc.
Second Floor

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number **59-2709176**

Applied For
 Not Applicable

Zip **33716** Country **USA**

Zip **33716** Country **USA**

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

**NOLAN, JAMES M SR
 % FIRST CHOICE MANAGEMENT ASSOCIATION
 3440 EAST LAKE ROAD, SUITE 106
 PALM HARBOR FL 34685**

Name
Rampart Properties, Inc.

Street Address (P.O. Box Number is Not Acceptable)
10033 Ninth Street North

Second Floor

City **St. Petersburg, FL** Zip Code **33716**

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

Brian K. Smith

04/29/02

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 | D SCHOFIELD, SUSAN 16146 CARDEN DR ODESSA FL 33556 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD COLEMAN, ESTER 6208 IROQUOIS CT. ODESSA FL 33556 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, RICHARD 16135 CARDEN DR ODESSA FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD TEGENKAMP, RONALD 6221 IROQUOIS CT. ODESSA FL 33556 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MYERS, BONNIE 16108 BELLE MEADE BLVD ODESSA FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BEARD, LOIS 6207 IROQUOIS ODESSA FL | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Pete Hoover 10033 Ninth Street North St. Petersburg, FL 33716 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D David Randal 10033 Ninth Street North St. Petersburg, FL 33716 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jim Holder 10033 Ninth Street North St. Petersburg, FL 33716 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Bud Early 10033 Ninth Street North St. Petersburg, FL 33716 | <input type="checkbox"/> Change <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 |

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: **BONNIE MYERS** 4-22-02 727.5772200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)