

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90962 021 ****61.25

DOCUMENT # N18448

1. Entity Name

BELLEVIEW BILTMORE HOMES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2189 CLEVELAND ST
 #225
 CLEARWATER FL 33765
 US

2189 CLEVELAND ST
 #225
 CLEARWATER, FL 33765
 US

545747



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

59-2775794

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

LEIGHTON, LENNARD A
SEA BOARD MANAGEMENT SERVICES, INC.
2189 CLEVELAND ST -STE 225
CLEARWATER FL 33765

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	SD	<input type="checkbox"/> Delete
NAME	SPENCER, SCOTT	
STREET ADDRESS	45 ST. ANDREWS DRIVE	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KESLING, DICK D.	
STREET ADDRESS	4 BELLEVIEW BLVD. #508	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHEARER, EUGENE	
STREET ADDRESS	100 OAKMONT LANE #412	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VAN WINKLE, BOB	
STREET ADDRESS	TWO SEASONS LANE #302	
CITY-ST-ZIP	BELLAIR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

Dick Kesling
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01 727/4429452

Date

Daytime Phone #

CR2E037 (10/00)