

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34596

1. Entity Name

BEL AIRE OFFICE CONDOMINIUM ASSN., INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90239 009 ****61.25

Principal Place of Business 2351 W. EAU GALLE BLVD SUITE 1 MELBOURNE FL 32935 US	Mailing Address 2351 W. EAU GALLE BLVD SUITE 1 MELBOURNE FL 32935-3114 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--

4. FEI Number 59-2989520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUTZ, MICHAEL J.
2351 W EAU GALLE BLVD
SUITE 1
MELBOURNE FL 32935

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:
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	
TITLE PD	<input type="checkbox"/> Delete
NAME BRUTZ, MICHAEL J.	
STREET ADDRESS 2351 W EAU GALLE BLVD #1	
CITY-ST-ZIP MELBOURNE FL	
TITLE SD	<input type="checkbox"/> Delete
NAME CEROW, RICHARD	
STREET ADDRESS 1801 SARNO RD.,SUITE 3	
CITY-ST-ZIP MELBOURNE FL	
TITLE D	<input type="checkbox"/> Delete
NAME SHOFF, ROBERT M.	
STREET ADDRESS 1801 SARNO RD.,SUITE 2	
CITY-ST-ZIP MELBOURNE 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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '0	
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	
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	
STREET ADDRESS	
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: SIGNATURE REQUIRED **MICHAEL J. BRUTZ, PRES.** 1/11/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **770 358 4274**

CP12E037 (9/99)