

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90082 017 ****61.25

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1. Entity Name

THE BELLEAIR BEACH GULFSIDE CIVIC ASSOCIATION, I

Principal Place of Business

2900 GULF BLVD
 BELLEAIR BEACH FL 33786
 US

Mailing Address

2900 GULF BLVD
 BOX 315
 BELLEAIR BEACH FL 33786-3521
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3247965

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

RODGERS, ANDREW C
2900 GULF BLVD #205
BELLEAIR BEACH FL 33786

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

T Delete
 NAME: GREGORY, WILLIAM R
 STREET ADDRESS: 3500 GULF BLVD, # C-214
 CITY-ST-ZIP: BELLEAIR BEACH FL 33786

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

D Delete
 NAME: SCOTT, STUART C
 STREET ADDRESS: 3100 GULF BLVD, # 123
 CITY-ST-ZIP: BELLEAIR BEACH FL

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

TD Delete
 NAME: PETERS, CYNTHIA
 STREET ADDRESS: 2500 GULF BLVD, # 105-A
 CITY-ST-ZIP: BELLEAIR BEACH FL

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

P Delete
 NAME: MOORE, DON A
 STREET ADDRESS: 3400 GULF BLVD #306
 CITY-ST-ZIP: BELLEAIR BEACH FL

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

S Delete
 NAME: RODGERS, ANDREW C
 STREET ADDRESS: 2900 GULF BLVD #205
 CITY-ST-ZIP: BELLEAIR BEACH FL

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

D Delete
 NAME: CLARKE, RICHARD S
 STREET ADDRESS: 2450 GULF BLVD, #48
 CITY-ST-ZIP: BELLEAIR BEACH FL 33786

Change Addition
 TITLE: _____
 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 filers empowered.

SIGNATURE: _____

ANDREW C RODGERS, SECRE 3-6-00 727/595-6729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)