

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N96000000219

1. Entity Name

BEVERLY HILLS COMMUNITY COUNCIL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-23-2000 90045 016 ****61.25

Principal Place of Business B.H. COMMUNITY BLDG CIVIC CIRCLE BEVERLY HILLS FL 34465	Mailing Address B.H. COMMUNITY COUNCIL BOX 640353 BEVERLY HILLS FL 34464-0353
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MADELYN, HICKEY 310 S. ADAMS ST. BEVERLY HILL FL 36645	7. Name and Address of New Registered Agent Name KATHLEEN MANSMANN Street Address (P.O. Box Number is Not Acceptable) 3580N. WILLOWTREE PT. City BEVERLY HILLS, FL Zip Code 34465
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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 KATHLEEN MANSMANN, TREASURER Feb. 15, 2000
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS:		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HICKEY, MADELYN E 310 S. ADAMS STREET BEVERLY HILLS FL 34465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COLBERT, MIKE 4759 N. CRESTLINE DR. BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, IRVIN 882 W COLBERT CT BEVERLY HILLS FL 34465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSMANN, KATHLEEN 3580 N WILLOWTREE PT BEVERLY HILLS FL 34465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEWART, KATHIE PO BOX 640850 BEVERLY HILL FL 34464 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVAN, HAROLD 4298 N. BRYNNER PASS TERR. BEVERLY HILLS FL 34465 <input type="checkbox"/> Delete	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"/> Delete	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: Michael B. Colbert 3/31/00 353-746-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)