

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90443 022 ****61.25

5298/07

DOCUMENT # N96000000219

1. Entity Name

BEVERLY HILLS COMMUNITY COUNCIL, INC.

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

UUU43773



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

NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MANSMANN, KATHLEEN
3580 N WILLOWTREE PT
BEVERLY HILLS FL 34465

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: KATHLEEN MANSMANN *Kathleen Mansmann*

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 **C** Delete
 NAME **COLBERT, MIKE**
 STREET ADDRESS **4759 N CRESTLINE DR**
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PETERSON, IRVIN**
 STREET ADDRESS **882 W COLBERT CT**
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MANSMANN, KATHLEEN**
 STREET ADDRESS **3580 N WILLOWTREE PT**
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **STEWART, KATHIE**
 STREET ADDRESS **PO BOX 640850**
 CITY-ST-ZIP **BEVERLY HILL FL 34464**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LAVAN, HAROLD**
 STREET ADDRESS **4298 N. BRYNNER PASS TERR.**
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: KATHLEEN MANSMANN *Kathleen Mansmann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 746-5311

CR2E037 (10/00)