

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90837 017 \*\*\*\*61.25

**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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**B H COMMUNITY COUNCIL**

Suite, Apt. #, etc.

**1 CIVIC CIRCLE**

City & State

**BEVERLY HILLS, FL 34465**

Zip

Country

**34465**

**usa**



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MANSMANN, KATHLEEN TREASURER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Kathleen Mansmann 2/19/03*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☒ Delete  
NAME **SCHNABLY, DICK**  
STREET ADDRESS **595 W. HILLWOOD PATH**  
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **D** ☐ Delete  
NAME **COLBERT, MIKE**  
STREET ADDRESS **4759 N. CRESTLINE DRIVE**  
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

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

TITLE **S** ☒ Delete  
NAME **PANASIC, ANN**  
STREET ADDRESS **623 W. GARBO**  
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **D** ☒ Delete  
NAME **PETERSON, PETE**  
STREET ADDRESS **882 W. COLBERT COURT**  
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☒ Change ☐ Addition  
NAME **COLBERT, MIKE**  
STREET ADDRESS **4759 N. CRESTLINE DR.**  
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE **S** ☐ Change ☒ Addition  
NAME **WICKLUND, CLAIRE**  
STREET ADDRESS **3623 LONEPINE POINT**  
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME **PETERSON, IRVIN L.**  
STREET ADDRESS **882 W. COLBERT CT.**  
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE **D** ☒ Change ☐ Addition  
NAME **SCHNABLY, DICK**  
STREET ADDRESS **595 W. HILLWOOD PATH**  
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

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*

*2/19/03 (352) 746-5311*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)