

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735919

1. Entity Name

BELLEVUE BILTMORE VILLAS-BAYGREEN, INC.

Principal Place of Business

2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765

Mailing Address

2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765-3234

2. Principal Place of Business

50 Coe Rd.

3. Mailing Address

103 Cleveland Ave. SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

% Resource Property Mgmt

City & State

Belleair, FL

City & State

Largo, FL

Zip

34616

Country

US

Zip

33770

Country

US

6. Name and Address of Current Registered Agent

LEIGHTON, LENNARD A.
2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name: Resource Property Mgmt.
Street Address (P.O. Box Number is Not Acceptable): 103 Cleveland Ave. SW
DOROTHY THOMAS
City: Largo, FL Zip Code: 33770

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

Dorothy Thomas

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

(NOTE: Registered Agent signature required when reinstating)

2/16/00

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BENSEN, EDNA	
STREET ADDRESS	50 COE ROAD #114	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	YD	<input type="checkbox"/> Delete
NAME	TREMBOUR, BILL	
STREET ADDRESS	50 COE ROAD #323	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEINONEN, ROBERTA	
STREET ADDRESS	50 COE ROAD #317	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JAMES, ALAN	
STREET ADDRESS	50 COE RD APT #212	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY, H.	
STREET ADDRESS	50 COE RD APT #326	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUTZ, TED	
STREET ADDRESS	50 COE ROAD #116	
CITY-ST-ZIP	BELLEAIR FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Beckman	
STREET ADDRESS	50 Coe Rd # 331	
CITY-ST-ZIP	Belleair, FL	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" 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:

William R. ...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

03-15-2000 90085 037 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1690412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)