

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 735919**

1. Entity Name

**BELLEVUE BILTMORE VILLAS-BAYGREEN, INC.**

Principal Place of Business

**50 COE RD  
BELLEAIR FL 34616**

Mailing Address

**103 CLEVELAND AVE SW  
%RESOURCE PROPERTY MGMT  
LARGO FL 33770**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1690412**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RESOURCE PROPERTY MGMT  
103 CLEVELAND AVE SW  
LARGO FL 33770**

7. Name and Address of New Registered Agent

Name

**DOROTHY THOMAS**

Street Address (P.O. Box Number is Not Acceptable)

**10 RESOURCE PROPERTY MGMT.**

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 **DOROTHY THOMAS**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/17/01****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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	<b>D</b>			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>BECKMAN, ROBERT</b>	<b>50 COE RD #331</b>	<b>BELLEAIR FL</b>							
	<b>PD</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>TREMBOUR, BILL</b>	<b>50 COE ROAD #323</b>	<b>BELLEAIR FL 33756</b>							
	<b>SD</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>HEINONEN, ROBERTA</b>	<b>50 COE ROAD #317</b>	<b>BELLEAIR FL 33756</b>							
	<b>D</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>JAMES, ALAN</b>	<b>50 COE RD APT #212</b>	<b>BELLEAIR FL 33756</b>							
	<b>TD</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>LEVY, H.</b>	<b>50 COE RD APT #326</b>	<b>BELLEAIR FL 33756</b>							
	<b>VPD</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>SCHUTZ, TED</b>	<b>50 COE ROAD #116</b>	<b>BELLEAIR FL</b>							

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)