

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90899 008 ****61.25

DOCUMENT # 735919

1. Entity Name

BELLEVUE BILTMORE VILLAS-BAYGREEN, INC.



Principal Place of Business

**50 COE RD
BELLEAIR FL 34616**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

610 RESOURCE PROP MGMT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7300 PARK ST

City & State

SEMINOLE, FL

Zip

Country

33777

Country

USA

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

7. Name and Address of New Registered Agent

**THOMAS, DOROTHY
103 CLEVELAND AVE SW
LARGO FL 33770**

Name

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

7300 PARK ST

City

SEMINOLE

FL

Zip Code

33777

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

Dorothy Thomas

2/24/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	TREMBOUR, BILL	
STREET ADDRESS	50 COE ROAD #323	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HEINONEN, ROBERTA	
STREET ADDRESS	50 COE ROAD #317	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, ALAN	
STREET ADDRESS	50 COE RD APT #212	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHUTZ, TED	
STREET ADDRESS	50 COE ROAD #116	
CITY-ST-ZIP	BELLEAIR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, E.F.	
STREET ADDRESS	50 COE RD. # 126	
CITY-ST-ZIP	BELLEAIR, FL. 33756	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goss, WILLIAM	
STREET ADDRESS	50 COE RD. # 314	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAW, CLARA	
STREET ADDRESS	50 COE RD. # 224	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE		<input 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 *[Signature]* **REGISTERED**

CR2E037 (10/02)