

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91429 003 ***150.00

0019049 AV

DOCUMENT # 125874

1. Entity Name
BELLEMEAD REALTY, INC.

Principal Place of Business
4000 OLD DIXE HWY
ORMOND BEACH FL 32174
US

Mailing Address
4000 OLD DIXE HWY
ORMOND BEACH FL 32174
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1004689**

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

TUMBLESON, J DOYLE
150 S.PALMETTO AVE.
DAYTONA BEACH FL 32014

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PTD UANINO, ANTHONY** ☐ Delete
 STREET ADDRESS **3400 HALIFAX CLUB HOUSE DR**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE
 NAME **SD NEEDHAM, JONATHAN** ☐ Delete
 STREET ADDRESS **3400 HALIFAX CLUB HOUSE DR**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE
 NAME **AS** ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **VD COLLINS, JOHN** ☒ Delete
 STREET ADDRESS **4000 OLD DIXE HWY**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **V/D/S SLOOTMAKER, ADRIAN P** ☐ Change ☒ Addition
 STREET ADDRESS **280 CORPORATE CENTER, 7BECKER FARM RD**
 CITY-ST-ZIP **ROSELAND, NJ 07068**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **VPF/ MINK, BILL** ☐ Change ☒ Addition
 STREET ADDRESS **200 CAMPUS DRIVE STE 200**
 CITY-ST-ZIP **FLORHAM PARK, NJ 07932**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Anthony Uanino *March 18, 2002*

386-676-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)