

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 208523

1. Entity Name

BELVEDERE APARTMENTS OF CLEARWATER INC

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90039 032 ***150.00

Principal Place of Business

Mailing Address

C/O WANKE PROPERTY MANAGEMENT
2155 NE COACHMAN ROAD
CLEARWATER FL 33765
US

C/O WANKE PROPERTY MANAGEMENT
2155 NE COACHMAN RD.
CLEARWATER FL 33765-2616
US

Reliable Property Management
1727 Coachman Plaza Dr.
Clearwater, FL 33759

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1727 Coachman Plaza Dr.
Clearwater, FL 33759



DO NOT WRITE IN THIS SPACE

Number 59-0864992

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

WANKE PROPERTY MANAGEMENT
2155 NE COACHMEN ROAD
CLEARWATER FL 33765

Name
Reliable Property Management
Street
1727 Coachman Plaza Dr.
Clearwater, FL 33759

City 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, 2000 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

TITLE SD ☐ Delete
NAME HELLER, HUBERT
STREET ADDRESS 300 N. OSCEOLA AVE, 2-C
CITY-ST-ZIP CLEARWATER FL

TITLE TD ☐ Delete
NAME ZDJELAR, MLADEN
STREET ADDRESS 300 N OSCEOLA AVE 3C
CITY-ST-ZIP CLEARWATER FL

TITLE PD ☐ Delete
NAME DOBIN, BART
STREET ADDRESS 300 NORTH OSCEOLA AVENUE 6-C
CITY-ST-ZIP CLEARWATER FL

TITLE D ☒ Delete
NAME DOBIN, EMMA
STREET ADDRESS 300 N. OSCEOLA AVE #6-C
CITY-ST-ZIP CLEARWATER FL

TITLE VPD ☐ Delete
NAME DEPOOLE, ANN
STREET ADDRESS 300 N. OSCEOLA AVE., #7E
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Hubert
STREET ADDRESS 300 N. Osceola Ave 2-C
CITY-ST-ZIP Clearwater FL 33755

TITLE ☐ Change ☒ Addition
NAME Mike Peens
STREET ADDRESS 300 N. Osceola Ave 3D
CITY-ST-ZIP Clearwater FL 33755

TITLE ☐ Change ☒ Addition
NAME Michael Heiney
STREET ADDRESS 300 N. Osceola Ave 2 D
CITY-ST-ZIP Clearwater, FL 33755

TITLE ☐ Change ☐ Addition
NAME Andrei Leukharyev
STREET ADDRESS 300 N. Osceola Ave 4A
CITY-ST-ZIP Clearwater, FL 33755

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

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANN DEPOOLE 1-2600 727-447-4711