

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90056 025 ***150.00

DOCUMENT # 208523

1. Entity Name
BELVEDERE APARTMENTS OF CLEARWATER INC

Principal Place of Business
**RELIABLE PROPERTY MANAGEMENT
1727 COACHMAN PLAZA DR
CLEARWATER FL 33759
US**

Mailing Address
**RELIABLE PROPERTY MANAGEMENT
1727 COACHMAN PLAZA DR
CLEARWATER FL 33759
US**

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 **59-0864992**

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

**RELIABLE PROPERTY MANAGEMENT
1727 COACHMAN PLAZA DR
CLEARWATER FL 33759**

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's 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, 2001 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 | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|------------------------------|---------------------|-------------------------------------|
| D | HELLER, HUBERT | 300 N. OSCEOLA AVE, 2-C | CLEARWATER FL 33755 | <input type="checkbox"/> |
| TD | ZDJELAR, MLADEN | 300 N OSCEOLA AVE 3C | CLEARWATER FL | <input type="checkbox"/> |
| PD | DOBIN, BART | 300 NORTH OSCEOLA AVENUE 6-C | CLEARWATER FL | <input type="checkbox"/> |
| D | HEINEY, MICHAEL | 300 N OSCEOLA AVE 2D | CLEARWATER FL 33755 | <input type="checkbox"/> |
| VPD | DEPOOLE, ANN | 300 N. OSCEOLA AVE., #7E | CLEARWATER FL | <input checked="" type="checkbox"/> |
| D | SAUKHAZER, ANDREI | 300 N OSCEOLA AVE 4A | CLEARWATER FL 33755 | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|-----------------|---------------------------|----------------------|---|
| VPD | HEINEY, MICHAEL | 300 N. OSCEOLA AVE APT 2D | CLEARWATER, FL 33755 | <input checked="" type="checkbox"/> |
| D | MARGENE ZIMMER | 300 N. OSCEOLA AVE APT 7E | CLEARWATER, FL 33755 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

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 #

CR2E034 (10/00)