

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

497012

1. Entity Name

BELLE LEA ACRES, INC.

FILED

00 MAR 16 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

13497 S.E. Hwy. 301  
Summerfield, FL 32691

P.O. Box 2040  
Ft. Mc Coy, FL 32134

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

59-1897271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Congilio, G. John  
Rt. 1, Box 825  
Summerfield, FL 32691

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	Plocharczyk, C.S.	
STREET ADDRESS	13497 S.E. Hwy. 301	
CITY-ST-ZIP	Summerfield, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Plocharczyk, Jr. C	
STREET ADDRESS	4940 Haynes Ave.	
CITY-ST-ZIP	Indianapolis, IN	
TITLE	DS	<input type="checkbox"/> Delete
NAME	Gay, Suzanne	
STREET ADDRESS	2039 N.W. 102 Terrace	
CITY-ST-ZIP	Coral Springs, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Gay, Phillips G., III	
STREET ADDRESS	P.O. Box 3992	
CITY-ST-ZIP	St. Augustine, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *C.S. Plocharczyk* C.S. Plocharczyk

3-13-00

Date

Daytime Phone #

CR2E034 (9/99)