

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 711660
 1. Entity Name
BELLEAIR CIVIC ASSOCIATION, INC.

FILED
 00 DEC 26 AM 9:21
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
 901 PONCE DELEON BLVD 901 PONCE DELEON BLVD
 BELLEAIR FL 33756-1034 BELLEAIR FL 33756

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

Amended UBR

4. FEI Number **59-1153411** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
 SHERRIE MORTON
 410 Poinsettia road
 BELLEAIR, FLORIDA 33756
 7. Name and Address of New Registered Agent
 700003523907--1
 -01/04/01--01099--013
 *****61.25 *****61.25

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

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	MORTON, SHERRIE 410 POINSETTIA ROAD BELLEAIR FL 33756	Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE VP	CONNIE MUDANO 504 POINSETTIA RD. BELLEAIR, FL. 33756	Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE sec.	MIMS BRINKER 14 EVONAIRE CR. E. BELLEAIR, FL. 33756	Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	TRES. KATHERINE SPRINGFIELD 1700 GOLF VIEW DR. BELLEAIR, FL 33756	Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		Delete	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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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: *Sherrie Morton* 40/13/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR