

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90020 041 \*\*\*\*61.25

0016878

**DOCUMENT # 711660**

1. Entity Name

**BELLEAIR CIVIC ASSOCIATION, INC.**

Principal Place of Business

**901 PONCE DELEON BLVD  
 BELLEAIR FL 33756-1034**

Mailing Address

**901 PONCE DELEON BLVD  
 BELLEAIR FL 33756-1034**

00010360



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1153411**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

~~MORTON, SHERRIE~~  
**410 POINSETTIA RD  
 BEHHEATH FL 33756**

Name

Street Address (P.O. Box Number is Not Acceptable)

**CORRECT SPELLING TO:**

City **BELLEAIR**

**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

*Sherrie Morton*

**9/6/01**

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  
 After September 12, 2001, min. will be \$236.25**

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 **PD**  Delete  
 NAME **BUTTERY, CAY**  
 STREET ADDRESS **1706 BYPASS**  
 CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE **PD**  Change  Addition  
 NAME **SHERRIE MORTON**  
 STREET ADDRESS **410 POINSETTIA ROAD**  
 CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE **VPD**  Delete  
 NAME **MUDANO, CONNIE**  
 STREET ADDRESS **504 POINSETTIA RD**  
 CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **BRINKER, MIMS**  
 STREET ADDRESS **14 EVONAIRE CR. E**  
 CITY-ST-ZIP **BELLEAIR FL**

TITLE  Change  Addition  
 NAME **add Zip Code**  
 STREET ADDRESS **33756**  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **SPRINGFIELD, KATHERINE**  
 STREET ADDRESS **1700 GOLF VIEW DR.**  
 CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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* **REQUIRES SHERRIE MORTON**

**9/6/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)