

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720683

1. Entity Name

BELAIR CLUB, INC., A CONDOMINIUM CORPORATION

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90032 029 ****61.25

Principal Place of Business 3930 BELAIR LANE NAPLES FL US	Mailing Address 745 12TH AVE S SUITE D NAPLES FL 34102-7376 US
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DO NOT WRITE IN THIS SPACE

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 59-2150063	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MOORE PROPERTY MANAGEMENT.
745 12TH AVE SO
STE D
NAPLES FL 33940**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWARD, ROBERT <input checked="" type="checkbox"/> Delete 3930 BELAIR LN #106 NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete ADLER, HAROLD 3930 BELAIR LANE NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete HILMAN, KATHRYN 3930 BELAIR LAND #101 NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete CRON, JOELLEN 3930 BEL AIR LANE NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO <input checked="" type="checkbox"/> Delete SCHUMACHER, K.E. 3930 BELAIR LANE NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Shirley Wiggin 3930 Belaire Ln # 201 NAPLES FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GRAYCE Shinglecreeker 3930 Belaire Ln #109 NAPLES FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Harold Adler **REQUIRED** Harold Adler 4/11/00 941 262-5057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)