

2002 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-27-2002 90070 040 ****61.25

DOCUMENT # 723952

1. Entity Name

BELLEVIEW BILTMORE VILLAS-BAYSHORE, INC.

Principal Place of Business

Mailing Address

2189 CLEVELAND ST
#225
CLEARWATER FL 33765

2189 CLEVELAND ST
#225
CLEARWATER FL 33765

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

59-1514215

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

LEIGHTON, LENNARD A.
C/O SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765

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

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	D	☐ Delete
NAME	LEPPIAHO, JOHN	
STREET ADDRESS	100 OAKMONT LANE #311	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	VPD	☒ Delete
NAME	IERACI, MARY	
STREET ADDRESS	100 OAKMONT LANE, #304	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	SD	☒ Delete
NAME	GIBSON, SARA	
STREET ADDRESS	100 OAKMONT LANE, #210	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	PD	☒ Delete
NAME	SAILER, ELIZABETH	
STREET ADDRESS	100 OAKMONT LANE #601	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	TD	☐ Delete
NAME	KAYE, RICHARD	
STREET ADDRESS	100 OAKMONT LANE #208	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSD	☐ Change ☒ Addition
NAME	Arville Hickerson	
STREET ADDRESS	100 Oakmont Lane #703	
CITY-ST-ZIP	Belleair, FL 33756	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPTD	☒ Change ☐ Addition
NAME	Richard Kaye	
STREET ADDRESS	100 Oakmont Lane #208	
CITY-ST-ZIP	Belleair, FL 33756	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 March 2002 723-442-6513

Date

Daytime Phone #

Arville Hickerson

CR2E037 (9/01)