

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768042

1. Entity Name

BELL PLAZA CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90027 026 ****61.25

Principal Place of Business

2395 TAMiami TRAIL
PO BOX 3014
PORT CHARLOTTE FL 33949-0014

Mailing Address

2395 TAMiami TRAIL
PO BOX 3014
PORT CHARLOTTE FL 33949-0014

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 59-2654094

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

MAYER, MOLLY P.
120 SW PECKHAM ST
P. O. BOX 3014
PORT CHARLOTTE FL 33949

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CONRAD, RICHARD
STREET ADDRESS 2395 TAMiami TR #3
CITY-ST-ZIP PT CHARLOTTE, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME STOMP, HARRIET
STREET ADDRESS 119 SW PECKHAM ST
CITY-ST-ZIP PT. CHARLOTTE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME MAYER, MOLLY P.
STREET ADDRESS 120 SW PECKHAM ST
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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: *Molly P. Mayer* SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-02 624-2618

CR2E037 (9/01)