

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016580 AT

DOCUMENT # A00000002057

1. Entity Name
BELLEAIR PARTNERS, LTD.



FILED
03 APR 28 AM 8:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
1153 EDGEWATER CIRCLE
BRADENTON FL 34209

Mailing Address
1153 EDGEWATER CIRCLE
BRADENTON FL 34209



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3689713

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

GOTTLIEB, LEON S
1153 EDGEWATER CIRCLE
BRADENTON FL 34209

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$280,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P01000007180
NAME BELLEAIR OAKS, INC.
STREET ADDRESS 1153 EDGEWATER CIRCLE
CITY-ST-ZIP BRADENTON FL 34209

STREET ADDRESS

CITY-ST-ZIP

600017197016
04/28/03--01083--007 **526.25

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

Ronda Z Gottlieb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

RONDA Z GOTTLIEB 4.22.03 (941) 795-8468

Date

Daytime Phone #

CR2E003 (10/02)

STATE CHECK HERE