

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000705**

1. Entity Name
BELLEVIEW BILTMORE RESORT, LTD.

FILED

Principal Place of Business
**25 BELLEVIEW BOULEVARD
BELLAIR BEACH FL 34616**

Mailing Address
**25 BELLEVIEW BOULEVARD
BELLAIR BEACH FL 34616**

01 FEB 16 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
25 Belleview Blvd.

3. Mailing Address
25 Belleview Blvd.

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number
58-2300925

Applied For
Not Applicable

Zip
33756

Country
USA

Zip
33756

Country
USA

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

**DUSS, JOHN S IV
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,500,000.00**

11. MAKE CHECK PAYABLE TO 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 # **P97000027152**
NAME **BELLEVIEW MANAGEMENT, INC.**
STREET ADDRESS **25 BELLEVIEW BOULEVARD**
CITY-ST-ZIP **BELLAIR BEACH FL 34616**

STREET ADDRESS **25 Belleview Blvd.**
CITY-ST-ZIP **Clearwater, FL 33756**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

3000003745413-8
-02/21/01--01074--001
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

January 25 2001, 770 953 9313
Date Time Phone #