

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JAN 31 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A97000000705**

1. Entity Name
BELLEVIEW BILTMORE RESORT, LTD.

Principal Place of Business 25 BELLEVIEW BOULEVARD CLEARWATER FL 33756	Mailing Address 25 BELLEVIEW BOULEVARD CLEARWATER FL 33756
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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 **58-2300925** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

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

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.

9. Capital Contributions as Shown on record. **\$1,500,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000027152 BELLEVIEW MANAGEMENT, INC. 25 BELLEVIEW BOULEVARD CLEARWATER FL 33756	STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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 FEIGNED** 1. 18 02 (770) 953-9312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0013965 AT

CFR2E003 (9/01)