

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001031**

1. Entity Name

BELLAIR PLAZA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 24 AM 9:56

Principal Place of Business

1123 OVERCASH DRIVE
DUNEDIN FL 34698

Mailing Address

1123 OVERCASH DRIVE
DUNEDIN FL 34698-5522



2. Principal Place of Business

4340 W. Hillsborough Avenue

3. Mailing Address

4340 W Hillsborough Ave

Suite, Apt. #, etc.

Suite 212

Suite, Apt. #, etc.

Suite 212

City & State

Tampa Florida

City & State

Tampa Florida

Zip

33614

Country

Zip

33614

Country

4. FEI Number

59-3508587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLDSTEIN, BRUCE S

500 EAST KENNEDY BLVD., SUITE 200-A

TAMPA FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$99.00

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

DOCUMENT # P98000037729
NAME BELLAIR/DAYTONA, INC.
STREET ADDRESS 1123 OVERCASH DRIVE
CITY - ST - ZIP DUNEDIN FL 34698

13. ADDRESS CHANGES ONLY

STREET ADDRESS

4340 West Hillsborough Ave. #212

CITY - ST - ZIP

Tampa, FL 33614

STREET ADDRESS

CITY - ST - ZIP

000003197330--8

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****141.25 ****141.25

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robert F. Schmidt Jr.

03/09/00

Date

813-873-2627

Daytime Phone #

CR2E003 (9/99)