

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K79801

1. Entity Name

BELMONT HOMES OF SOUTH FLORIDA, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90009 043 ***150.00

Principal Place of Business

Mailing Address

2390 MINTON ROAD
WEST MELBOURNE FL 32904
US

2390 MINTON ROAD
WEST MELBOURNE FL 32904-6608
US

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 **59-2945170**

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

HERMAN, DANIEL J.
3631 CARRIAGE GATE DRIVE
MELBOURNE FL 32904

Name

Street Address (P.O. Box Number is Not Acceptable)

3747 Peacock Drive

City Melbourne

FL

Zip Code
32904

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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME HERMAN, DANIEL J.
STREET ADDRESS 3631 CARRIAGE GATE DR
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 3747 Peacock Drive
CITY-ST-ZIP Melbourne, Fla. 32904

TITLE VS ☐ Delete
NAME HERMAN, CHRISTINE M.
STREET ADDRESS 3631 CARRIAGE GATE DR
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 3747 Peacock Drive
CITY-ST-ZIP Melbourne, Fla. 32904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 605, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DANIEL J. HERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000

Date

321-725-8330

Daytime Phone #