

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000706

1. Entity Name  
BELLMARK PROPERTIES, LC

Principal Place of Business

8440 N. TAMAMI TRAIL  
SARASOTA FL 34243

Mailing Address

8440 N. TAMAMI TRAIL  
SARASOTA FL 34243

FILED

2001 MAY -2 PM 3:09

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2055 WOOD ST.

3. Mailing Address

2055 WOOD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 208

SUITE 208

City & State  
SARASOTA FL

City & State  
SARASOTA FL

4. FEI Number 59-3504874

Applied For  
Not Applicable

Zip Country  
34237 USA

Zip Country  
34237 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCFARLAND, JOSEPH B  
4830 W. KENNEDY BLVD.  
STE 750  
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name STEVE MULLEN  
Street Address (P.O. Box Number is Not Acceptable)  
2055 WOOD ST. # 208  
City SARASOTA FL Zip Code 34237

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 *Steve Mullen CEM.*

(NOT) Registered Agent signature required when reinstating)

DATE

4.30.01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMER, WALTER M 1051 NORMANDY TRACE RD. TAMPA FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULLEN, STEPHEN C 8440 N. TAMAMI TRAIL SARASOTA FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANT S. MULLEN 2055 WOOD ST. # 208 SARASOTA FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2055 WOOD ST # 208 SARASOTA FL 34237	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004336746--9 -05/31/01--01091--004 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4.30.01 (941)364-9570

0022596  
A-

CR2E083 (11/00)