

**2002 UNIFORM BUSINESS REPORT (UBR)**

3

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90105 045 \*\*\*\*61.25

**DOCUMENT # N00000002314**

1. Entity Name

**BELLWETHER HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

**230 NE 25TH AVE., STE. 200  
OCALA FL 34470**

Mailing Address

**230 NE 25TH AVE., STE. 200  
OCALA FL 34470**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3758069**

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

**FLANAGAN, GREGORY S  
230 NE 25TH AVE., STE. 200  
OCALA FL 34470**

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

**FILE NOW FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to:  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>D</b>	<b>GALAT, JOHN A</b>	<b>33 NE 45TH TERR.</b>	<b>OCALA FL 34470</b>	<input type="checkbox"/>					
	<b>D</b>	<b>MENDOLA, TONY</b>	<b>3572 SE 24TH AVE.</b>	<b>OCALA FL 34471</b>	<input type="checkbox"/>					
	<b>D</b>	<b>FLANAGAN, GREGORY S</b>	<b>230 NE 25TH AVE., STE. 200</b>	<b>OCALA FL 34470</b>	<input type="checkbox"/>					
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John A. Galat, Director**  
Date**2/21/02**  
Daytime Phone #**352-694-7698**