

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90439 039 ****61.25

DOCUMENT # N01000007169

1. Entity Name

BELLEVUE BUSINESS LEADERS, INC.



Principal Place of Business

PO BOX 787
OCALA FL 34478

Mailing Address

PO BOX 787
OCALA FL 34478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3752942**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOON, HOWARD
4215 SE 59TH STREET
OCALA FL 34480

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **MOON, HOWARD**
STREET ADDRESS **4215 SE 59TH ST**
CITY-ST-ZIP **OCALA FL 34480**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **SHERY FOWLER**
STREET ADDRESS **P.O. Box 520**
CITY-ST-ZIP **Bellevue, FL 34421**

TITLE **VD** ☒ Delete
NAME **BABBIT, PATRICIA**
STREET ADDRESS **12055 SE US HWY 441**
CITY-ST-ZIP **BELLEVUE FL 34420**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **CONSTANCE R. INMAN**
STREET ADDRESS **4828 SE 102ND PL**
CITY-ST-ZIP **BELLEVUE FL 34420**

TITLE **S** ☒ Delete
NAME **FORTUNE, LYNN**
STREET ADDRESS **14601 SW 38TH TERRACE ROAD**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **Karl Keith** ☐ Change ☒ Addition
NAME **6221 SE 110th**
STREET ADDRESS **Bellevue FL 34420**

TITLE **TD** ☐ Delete
NAME **WILSON, LINDA**
STREET ADDRESS **PO BOX 1629**
CITY-ST-ZIP **BELLEVUE FL 34421**

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

TITLE **S** ☐ Delete
NAME **MOSLEY, PAMELA**
STREET ADDRESS **2922 NE 23 STREET**
CITY-ST-ZIP **OCALA FL 34470**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Linda Wilson* **RECEIVED Linda Wilson** 4-16-03 352-245-3990

CR2E037 (10/02)