

**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3752942**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required.

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MOON, HOWARD**  
**4215 SE 59TH STREET**  
**OCALA FL 34480**

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

SIGNATURE

*[Handwritten Signature]*

*Howard Moon*

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MOON, HOWARD	
STREET ADDRESS	4215 SE 59TH ST	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BABBIT, PATRICIA	
STREET ADDRESS	12055 SE US HWY 441	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FORTUNE, LYNN	
STREET ADDRESS	14601 SW 38TH TERRACE ROAD	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILSON, LINDA	
STREET ADDRESS	PO BOX 1629	
CITY-ST-ZIP	BELLEVUE FL 34421	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOSLEY, PAMELA	
STREET ADDRESS	2922 NE 23 STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERY FOWLER	
STREET ADDRESS	P.O. Box 520	
CITY-ST-ZIP	Belleview, FL 34421	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONSTANCE R. INMAN	
STREET ADDRESS	4828 SE 102ND PL	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karl Keith	
STREET ADDRESS	6221 SE 110th	
CITY-ST-ZIP	Belleview FL 34420	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* **Linda Wilson** 4-16-03 352-245-3990

CR2E037 (10/02)