

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02591

1. Entity Name

BELLE GROVES MOBILE HOME OWNERS ASSOCIATION, INC

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90074 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

624 301 BLVD. E  
E-4 BELLE GROVE VILL  
BRADENTON FL 34203  
MA

624 301 BLVD. E  
E-4 BELLE GROVE VILL  
BRADENTON FL 34203-3585  
MA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2491588

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

Name

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

City

FL

Zip Code

FURLONG, THOMAS  
624 201 BLVD E, A-1/BELLE GROVE VILL.  
BRADENTON FL 34203

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 P ☐ Delete  
NAME OGELSBEE, HERBERT  
STREET ADDRESS 624 US 301 BLVD E  
CITY-ST-ZIP BRANDENTON FL 34203

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

TITLE VP ☐ Delete  
NAME EMENHISER, KIETH  
STREET ADDRESS 624 US 301 BLVD E  
CITY-ST-ZIP BRANDENTON FL 34203

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

TITLE S&T ☐ Delete  
NAME OGELSBEE, RUTH  
STREET ADDRESS 624 US 301 BLVD E.  
CITY-ST-ZIP BRANDENTON FL 34203

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

TITLE D ☐ Delete  
NAME OGELSBEE, JACK  
STREET ADDRESS 624 US 301 BLVD E  
CITY-ST-ZIP BRANDENTON FL

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

TITLE D ☐ Delete  
NAME EVERIL, MARK  
STREET ADDRESS 624 US 301 BLVD E  
CITY-ST-ZIP BRANDENTON FL

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

TITLE D ☐ Delete  
NAME HUBBARD, JAMES  
STREET ADDRESS 624 US 301 BLVD E  
CITY-ST-ZIP BRANDENTON FL

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:

*Herbert Ogelsbee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000

Date

Daytime Phone #

(941) 753-0036