

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90736 037 ****61.25

DOCUMENT # **N02591**
1. Entity Name **MOBILE BELLE GROVES HOMEOWNERS ASSN**

DO NOT WRITE IN THIS SPACE

B0061814

2. Principal Place of Business
624 301 BLVD E
Suite, Apt. #, etc. **B-4**
City & State **BRADENTON FL**
Zip **34203** Country **MANATEE**

3. Mailing Address
624 301 BLVD E
Suite, Apt. #, etc. **B-4**
City & State **BRADENTON FL**
Zip **34203** Country **MANATEE**

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-JAMES HUBBARD 624 301 BLVD E, B-4 BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-DON GOECKE C-4 624 301 BLVD E, BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T RUTH B. OGLES BEE 624 301 BLVD E, E-4 BRADENTON FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTHER BUCKLAND 624 301 BLVD E, B-5 BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILL BUCKLAND 624 301 BLVD E, B-12 BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARD SLATER 624 301 BLVD E G.4 BRADENTON, FL 34203

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: **JAMES O. HUBBARD President 3/23/02 1-740-654-3813**

CR2E037B (12/01)