

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45875

1. Entity Name

BELLEVUE DIXIE YOUTH INCORPORATED

Principal Place of Business

P.O. BOX 550  
BELLEVUE FL 34421-0550

Mailing Address

P.O. BOX 550  
BELLEVUE FL 34421-0550

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.,

Suite, Apt. #, etc.,

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3103937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCATEER, WILLIAM K  
25 ALMOND DRIVE TR  
OCALA FL 34472

7. Name and Address of New Registered Agent

Name William K. McAteer  
Street Address (P.O. Box Number is Not Acceptable) 13 Hemlock Radial Pass  
City Ocala FL Zip Code 34472

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

William K. McAteer

Treasurer

2-12-02

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

TITLE PD  
NAME GAY, RONALD B  
STREET ADDRESS 3951 S.W. 103RD LN  
CITY-ST-ZIP BELLEVUE FL 34420

TITLE VD  
NAME DENKER, MITCHELL  
STREET ADDRESS 12130 S.E. 47TH AVE  
CITY-ST-ZIP BELLEVUE FL 34420

TITLE SD  
NAME ANDREWS, BARBARA E  
STREET ADDRESS 14145 S. W HWY 301  
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE TD  
NAME MCATEER, WILLIAM K  
STREET ADDRESS 25 ALMOND DR TR  
CITY-ST-ZIP Ocala FL 34472

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME OPEN JUDY S  
STREET ADDRESS 74 PECAN COURSE CIRCLE  
CITY-ST-ZIP Ocala FL 34472

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TO  
NAME MCATEER, WILLIAM K.  
STREET ADDRESS 13 HEMLOCK RADIAL PASS  
CITY-ST-ZIP Ocala, FL 34472

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

William K. McAteer

2-12-02 352-6210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)