

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

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90253 011 \*\*\*\*61.25

DOCUMENT # **N94000002002**



1. Entity Name  
**BEL AIRE II, OFFICE CONDOMINIUM ASSN., INC.**

Principal Place of Business  
**2351 W. EAU GALLIE BLVD.**  
**1**  
**MELBOURNE FL 32935**

Mailing Address  
**2351 W. EAU GALLIE BLVD.**  
**1**  
**MELBOURNE FL 32935**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3248364**

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

**BRUTZ, MICHAEL J ESQ.**  
**2351 W. EAU GALLIE BLVD.**  
**1**  
**MELBOURNE FL 32935**

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 **BRUTZ, MICHAEL J**  
STREET ADDRESS **2351 W EAU GALLIE BLVD, SUITE 1**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS**  Delete  
NAME **VEIBL, PAULA**  
STREET ADDRESS **1751 SARNO RD., #2**  
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **RAWLE, RICHARD**  
STREET ADDRESS **1751 SARNO RD., #5**  
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE ~~ST. MICHAEL'S~~  Change  Addition  
NAME **RICHARD CEROW**  
STREET ADDRESS  
CITY-ST-ZIP **15**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STEVEN HOOK - DIRECTOR**  Change  Addition  
NAME  
STREET ADDRESS **1751 SARNO ROAD**  
CITY-ST-ZIP **STE. 6  
MELBOURNE, FL 32935**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*  
**SIGNATURE** **REMICHAEL J. BRUTZ, PRES** **2/9/03** **321.752.4810**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (10/02)