

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000002161**

1. Entity Name

THE BELLEAIR BEACH GULFSIDE CIVIC ASSOCIATION, I

Principal Place of Business

**2900 GULF BLVD
BELLEAIR BEACH FL 33786
US**

Mailing Address

**2900 GULF BLVD
BOX 315
BELLEAIR BEACH FL 33786-3521
US**

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

59-3247965

Applied For

Not Applicable

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

**RODGERS, ANDREW C
2900 GULF BLVD #205
BELLEAIR BEACH FL 33786**

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

**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	T	<input type="checkbox"/> Delete
NAME	GREGORY, WILLIAM R	
STREET ADDRESS	3500 GULF BLVD, # C-214	
CITY-ST-ZIP	BELLEAIR BEACH FL 33786	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, STUART C	
STREET ADDRESS	3100 GULF BLVD, # 123	
CITY-ST-ZIP	BELLEAIR BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	PETERS, CYNTHIA	
STREET ADDRESS	2500 GULF BLVD, # 105-A	
CITY-ST-ZIP	BELLEAIR BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	MOORE, DON A	
STREET ADDRESS	3400 GULF BLVD #306	
CITY-ST-ZIP	BELLEAIR BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	RODGERS, ANDREW C	
STREET ADDRESS	2900 GULF BLVD #205	
CITY-ST-ZIP	BELLEAIR BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CLARKE, RICHARD S	
STREET ADDRESS	2450 GULF BLVD, #48	
CITY-ST-ZIP	BELLEAIR BEACH FL 33786	

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:

ANDREW C. RODGERS, SEC. 3/20/01 727-595-6729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)