2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N94000005319 Apr 25, 2000 8:00 am Secretary of State BELMONT WOODS PROPERTY OWNERS ASSOCIATION, INC. 04-25-2000 90112 036 ****61.25 Principal Place of Business Mailing Address 620 SOUTH MAIN ST. P O BOX 2165 LABELL E 33975-2165 LABELLE FL 33935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0581759 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent nbles (P.O. Box Number is Not Acceptable) THOMPSON, KEVIN M Thomoson 1805 FT DENAUD RD LABELLE FL 33935 City 25 33935 Belle 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. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME NOBLES, LEWIS J III STREET ADDRESS STREET ADDRESS 598 FORT THOMPSON AVE. CITY-ST-ZIP CITY-ST-ZIP LABELLE FL 33935 Addition TITLE DST ☐ Delete TITLE ☐ Change NOBLES, LEWIS J JR. NAME NAME STREET ADDRESS STREET ADDRESS 620 FORT THOMPSON AVE. CITY-ST-ZIP CITY-ST-ZIP LABELLE FL 33935 TITLE D۷ ☐ Delete TITLE Change ☐ Addition NAME MURRAH, G. DAVID NAME-STREET ADDRESS STREET ADDRESS 700 FORT THOMPSON AVE. CITY-ST-ZIP CITY-ST-ZIP LABELLE FL 33935 DV Delete TITLE ☐ Change ☐ Addition THOMPSON, KEVIN M NAME STREET ADDRESS STREET ADDRESS 1805 FORT DENAUD RD CITY-ST-ZIP CITY-ST-ZIP LABELLE FL ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1800

863-675-6699