

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90054 048 *****61.25

DOCUMENT # N94000005319

1. Entity Name

BELMONT WOODS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

620 SOUTH MAIN ST.
 LABELLE FL 33935

Mailing Address

P O BOX 2165
 LABELLE FL 33935
 US

2. Principal Place of Business

450 S. Main Street

3. Mailing Address

Suite, Apt. #, etc.

Suite # 2

City & State
 Labelle FL

City & State

Zip
 33935

Country
 USA

Zip

Country

4. FEI Number 65-0581759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NOBLES, JR., LEWIS J
 620 FT. THOMPSON AVE.
 LABELLE FL 33935

7. Name and Address of New 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

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 DP ☐ Delete
 NAME NOBLES, LEWIS J III
 STREET ADDRESS 598 FORT THOMPSON AVE.
 CITY-ST-ZIP LABELLE FL 33935

TITLE DST ☐ Delete
 NAME NOBLES, LEWIS J JR.
 STREET ADDRESS 620 FORT THOMPSON AVE.
 CITY-ST-ZIP LABELLE FL 33935

TITLE DV ☐ Delete
 NAME MURRAH, G. DAVID
 STREET ADDRESS 700 FORT THOMPSON AVE.
 CITY-ST-ZIP LABELLE FL 33935

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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:

Lewis J. Nobles, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01
 Date

(863) 675-6699
 Daytime Phone #

CR2E037 (10/00)