

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002021

1. Entity Name

BELMONT WOODS PROPERTY OWNERS' ASSOCIATION OF PO

Principal Place of Business

200 LAKE MORTON DRIVE
LAKELAND FL 33801

Mailing Address

100 S. KENTUCKY AVE
SUITE 250
LAKELAND FL 33801-5082

2. Principal Place of Business

1674 Belmont Woods Dr.

3. Mailing Address

1674 Belmont Woods Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Mulberry, FL

City & State
Mulberry, FL

4. FEI Number

59-3363513

Applied For

Not Applicable

Zip
33860

Country
USA

Zip
33860

Country
USA

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

MARTIN, E. SNOW JR
200 LAKE MORTON DRIVE
LAKELAND FL 33801

Name

Stephen Patrinostro

Street Address (P.O. Box Number is Not Acceptable)

225 E. Edgewood Dr., No. 14

Lakeland, FL 33803

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

Stephen Patrinostro

2/23/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MIMS, WILLIAM T 100 S KENTUCKY AVE SUITE 250 LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIMS, PAULA M 100 S KENTUCKY AVE SUITE 250 LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCKAY, SARAH D 100 S KENTUCKY AVE SUITE 250 LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Butch Jackson 1674 Belmont Woods Drive Mulberry, FL 33860	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Charles Davis 1680 Belmont Woods Drive Mulberry, FL 33860	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Patricia Jackson 1674 Belmont Woods Drive Mulberry, FL 33860	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dee Driggers 1580 Belmont Woods Drive Mulberry, FL 33860	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2000

Date

Daytime Phone #

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90257 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/97)