

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000002021**

1. Entity Name

BELMONT WOODS PROPERTY OWNERS' ASSOCIATION OF PO**FILED**
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90006 028 ****61.25

Principal Place of Business

**1674 BELMONT WOODS DR
MULBERRY FL 33860**

Mailing Address

**1674 BELMONT WOODS DR
MULBERRY FL 33860**

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

59-3363513

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

**PATRINOSTRO, STEPHEN
225 E EDGEWOOD DR
NO 14
LAKELAND FL 33803**

Name

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

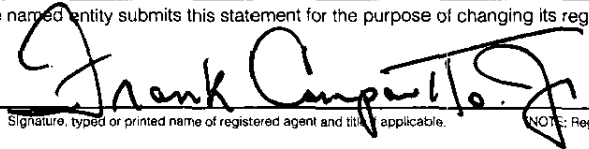
City

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

4-6-01**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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	JACKSON, BUTCH	1674 BELMONT WOODS DR	MULBERRY FL 33860	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	DAVIS, CHARLES	1680 BELMONT WOODS DR	MULBERRY FL 33860	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	JACKSON, PATRICIA	1674 BELMONT WOODS DR	MULBERRY FL 33860	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	DRIGGERS, DEE	1580 BELMONT WOODS DR	MULBERRY FL 33860	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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] DATE REQUIRED