

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003860

1. Entity Name

BEVLOR CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90010 033 \*\*\*\*61.25

0040993

Principal Place of Business

1027 92ND ST  
BAY HARBOR ISLANDS FL 33154  
US

Mailing Address

1027 92ND ST  
BAY HARBOR ISLANDS FL 33154  
US

00020518



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1027 92nd St

3. Mailing Address

1027 92nd St

Suite, Apt. #, etc.

BAY HARBOR ISLANDS

Suite, Apt. #, etc.

BAY HARBOR ISLANDS

City & State

FLORIDA

City & State

FLORIDA

Zip

33154

Country

U.S.A

Zip

33154

Country

U.S.A

4. FEI Number

65-0618683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HILL, BEVERLIE  
1027 92 STREET  
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name

SAME

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

*Beverlie Hill President*

2/20/01

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 PD  
NAME HILL, BEVERLIE ☐ Delete  
STREET ADDRESS 1027 92 STREET  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE VPSD  
NAME OPPERMAN, LORRAINE ☐ Delete  
STREET ADDRESS 1025 92 STREET  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE TD  
NAME HILL, BEVERLIE ☐ Delete  
STREET ADDRESS 1027 92 STREET  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

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  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

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:

*Beverlie Hill President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01

Date

(305) 868-2010

Daytime Phone #

CR2E037 (10/00)