

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003860

1. Entity Name

BEVLOR CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90020 011 ****61.25

Principal Place of Business

Mailing Address

1027 92ND STREET
BAY HARBOR ISLANDS FL 33154
US

1027 92ND STREET
BAY HARBOR ISLANDS FL 33154
US

2. Principal Place of Business

3. Mailing Address

1027 92ND ST

1027 92nd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

BAY HARBOR ISLANDS

BAY HARBOR ISLANDS FLA

4. FEI Number

65-0618683

Applied For

Not Applicable

Zip

Country

Zip

Country

33154

U.S.A.

33154

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

HILL, BEVERLIE
1027 92 STREET
BAY HARBOR ISLANDS FL 33154

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

Beverlie Hill

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/25/02
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 PD
NAME HILL, BEVERLIE
STREET ADDRESS 1027 92 STREET
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154 ☐ Delete

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Beverlie Hill

1/25/02 305 (868-2010)

CR2E037 (9/01)