

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90007 033 \*\*\*\*61.25

**DOCUMENT # N97000001578**

1. Entity Name

**BELLE MER OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

8269 GULF BLVD  
 NAVVARE BEACH FL 32566  
 US

8269 GULF BLVD  
 NAVVARE BEACH FL 32566-7217  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3442127**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HUDSON, CAROL**  
**8269 GULF BLVD**  
**NAVVARE BEACH FL 32566**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	REIN, JAMES O	
STREET ADDRESS	820 SHAKES CREEK PKWY	
CITY-ST-ZIP	BERMINGHAM AL 35209	
TITLE	O	<input type="checkbox"/> Delete
NAME	WHITE, WAYNE	
STREET ADDRESS	4421 FREDERICKSBURG DRIVE	
CITY-ST-ZIP	BIRMINGHAM AL 35213	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOTTINGHAM, ALLEN	
STREET ADDRESS	151 WYNNEHAVEN ROAD	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARTIN, TIM	
STREET ADDRESS	P O BOX 240851 N/A	
CITY-ST-ZIP	MONTGOMERY AL 36124	
TITLE	O	<input type="checkbox"/> Delete
NAME	BEAR, HOWARD	
STREET ADDRESS	8525 OLD MARSH WAY	
CITY-ST-ZIP	MONTGOMERY AL 36117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00  
 Date

Daytime Phone #