

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90090 017 \*\*\*\*61.25

0019198

**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  
 US

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

**59-3442127**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

TITLE NAME	<b>D</b> <b>Carl Smith</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>4643 BATTERY LANE</b>	
CITY-ST-ZIP	<b>BIRMINGHAM, AL 35213</b>	
TITLE NAME	<b>D</b> <b>SANDRA COKER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>281 MOOREBOROUGH DRIVE</b>	
CITY-ST-ZIP	<b>BOWLING GREEN, KY 42103</b>	
TITLE NAME	<b>D</b> <b>MIKE FLICK</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>6220 PERLITA DRIVE</b>	
CITY-ST-ZIP	<b>NEW ORLEANS, LA 70122</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Carol Hudson* **CAROL HUDSON**

1/16/01

950-939-9939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)