

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001789

1. Entity Name

OMAHA GARDENS CONDOMINIUM, INCORPORATED

Principal Place of Business

Mailing Address

8376 OMHA CIRCLE  
SPRING HILL FL 34608  
US

5026 CUMBERLAND LANE  
SPRING HILL FL 33607  
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 01-9307416

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

BELLNIAK, ALFRED  
5026 CUMBERLAND LANE  
SPRING HILL FL 34607

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

TITLE PTD  
NAME BELNIAK, ALFRED  
STREET ADDRESS 5000 CUMBERLAND LANE  
CITY-ST-ZIP SPRING HILL FL 33607 ☐ Delete

TITLE SD  
NAME BELNIAK, MARLENE  
STREET ADDRESS 5000 CUMBERLAND LANE  
CITY-ST-ZIP SPRING HILL FL 33607 ☐ Delete

TITLE D  
NAME BELNIAK, DAVID A  
STREET ADDRESS 5000 CUMBERLAND LANE  
CITY-ST-ZIP SPRING HILL FL 33607 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

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

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

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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:

*Signature of David A. Belniak*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Jan 14, 2002 8:00 am  
Secretary of State

01-14-2002 90017 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)

1/5/02

Daytime Phone #