

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013937

1. Entity Name

BELL COAST GROUP, INC.

Principal Place of Business

18792 OSPREY WAY  
JUPITER, FL 33458

Mailing Address

SAME

2. Principal Place of Business

931 CARE CORAL PKWY.

Suite, Apt. #, etc.

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

City & State

CARE CORAL, FL

City & State

Zip

33904

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

JAMES J. ACCURSO  
18792 OSPREY WAY  
JUPITER, FL 33458

4. FEI Number

65-0982693

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

7. Name and Address of New Registered Agent

Name DONALD W. FELTS

Street Address (P.O. Box Number is Not Acceptable)

931 CARE CORAL PKWY.

City CARE CORAL FL Zip Code 33904

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

Donald W. Feltz, DONALD W. FELTS, PRESIDENT

4-27-01

DATE

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)



FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE PRESIDENT & INCORPORATOR  Delete  
NAME JAMES J. ACCURSO  
STREET ADDRESS 18792 OSPREY WAY  
CITY-ST-ZIP JUPITER, FL 33458

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  Change  Addition  
NAME DONALD W. FELTS  
STREET ADDRESS 931 CARE CORAL PKWY.  
CITY-ST-ZIP CARE CORAL, FL 33904

TITLE  
NAME  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Delete

TITLE  
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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald W. Feltz, DONALD W. FELTS 4-27-01 844-458-7333*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER