

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91248 031 \*\*\*158.75

**DOCUMENT # P00000019763**

**1. Entity Name**

**BELL PROPERTIES, INC.**  
**DEREK BELL PROPERTIES, INC.**

**Principal Place of Business**

**2504 WEST MARTIN LUTHER KING JR. BOULEVARD**  
**TAMPA FL 33607**

**Mailing Address**

**2504 WEST MARTIN LUTHER KING JR. BOULEVARD**  
**TAMPA FL 33607**

**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**

**59-3626502**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name

**MARK A OSSIAN, ESQ**

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

**PARK, OSSIAN & ZDRAVKO, PA**

**1150 CLEVELAND ST., STE 400**

City

**CLEARWATER**

**FL**

Zip Code

**33755**

**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

*Mark A Ossian*

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

(NOTE: Registered Agent signature required when reinstating)

**3/30/01**

DATE

**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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 **P** ☒ Delete  
 NAME **JENKINS, ARVIEL D**  
 STREET ADDRESS **2504 WEST MARTIN LUTHER KING JR. BOULEVARD**  
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **V** ☒ Delete  
 NAME **WHITE, ANTONE E**  
 STREET ADDRESS **2504 WEST MARTIN LUTHER KING JR. BOULEVARD**  
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **STD** ☒ Delete  
 NAME **HILL, LETASHIA A**  
 STREET ADDRESS **2504 WEST MARTIN LUTHER KING JR. BOULEVARD**  
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **D** ☐ Delete  
 NAME **BELL, DEREK N**  
 STREET ADDRESS **2504 WEST MARTIN LUTHER KING JR. BOULEVARD**  
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **President, DIRECTOR** ☐ Change ☒ Addition  
 NAME **CHESTINE BELL**  
 STREET ADDRESS **2504 W MARTIN LUTHER KING, JR BLVD**  
 CITY-ST-ZIP **TAMPA, FL 33607**

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

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

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

**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:

*Chestine Bell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/01**

Date

Daytime Phone #

CR2E034 (10/00)