

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 91055 001 ***300.00

DOCUMENT # P00000084550

1. Entity Name
BELCOURT OF FLORIDA, INC.



Principal Place of Business
5922 CATTLEMAN LANE
SARASOTA FL 34232

Mailing Address
5922 CATTLEMAN LANE
SARASOTA FL 34232

55044282



2. Principal Place of Business

Suite 308
2033 Main St
SARASOTA FL

3. Mailing Address

Suite 308
2033 Main St
SARASOTA FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1042828

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASKINS, HARRY ESQ
3400 S. TAMiami TRAIL, #201
SARASOTA FL 34239

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, WAYNE D	
STREET ADDRESS	5922 CATTLEMAN LANE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, LYNN M	
STREET ADDRESS	5922 CATTLEMAN LANE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	Keith R Gyeon	
STREET ADDRESS	2033 Main St Suite 308	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	G. A. Dechow	
STREET ADDRESS	2033 Main St Suite 308	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 607, 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

Date

Daytime Phone #

CR2E034 (10/02)