

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90033 047 \*\*\*150.00

## DOCUMENT #

1. Entity Name

BELLE REALTY GROUP, INC.

Principal Place of Business

Mailing Address

14902 BALSABWOOD PL.

SAME

TAMPA, FL. 33613

2. Principal Place of Business

14902 BALSABWOOD PL.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

4. FEI Number

59-3386346

Applied For

Not Applicable

Zip

33613

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

659704

6. Name and Address of Current Registered Agent

LEARY C SHORT  
 14902 BALSABWOOD PLACE  
 TAMPA, FLORIDA 33613

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.

SIGNATURE

*Leary C Short*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
 FEES \$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  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 PRESIDENT  
 LEARY C SHORT  
 14902 BALSABWOOD PL  
 TAMPA, FLORIDA 33613

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
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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 817, 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:

*Leary C Short*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/01 (813) 265-8833

Date

Daytime Phone #

CR2E037 (11/00)