

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056241

1. Entity Name

BELLEAIR COUNTRY INN OF CLEARWATER INC.

Principal Place of Business

Mailing Address

2298 BELLEAIR RD.  
CLEARWATER FL 34624

2298 BELLEAIR RD.  
CLEARWATER FL 34624

2. Principal Place of Business

2298 Belleair Rd

3. Mailing Address

2298 Belleair Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLwr. FL

City & State

CLwr. FL 33764

Zip

33764

Country

USA

Zip

33764

Country

USA

4. FEI Number

59-3455792

4 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

MUCCI, MICHAEL  
2298 BELLEAIR RD.  
CLEARWATER FL 34624

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

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 ☐ Delete  
NAME D  
STREET ADDRESS MUCCI, MIKE  
CITY-ST-ZIP 2298 BELLEAIR RD.  
CLEARWATER FL 34624

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MUCCI, LINDA  
CITY-ST-ZIP 2298 BELLEAIR RD.  
CLEARWATER FL 34624

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90082 012 \*\*\*150.00

00000139



DO NOT WRITE IN THIS SPACE

0370223

CR2E034 (10/00)

1-08-01 727-524-1390