

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90211 043 \*\*\*150.00

**DOCUMENT # P97000088364**

1. Entity Name

**THE BELLE GROVE CORPORATION OF FLORIDA**

Principal Place of Business

1410 SE 27TH TERR  
 CAPE CORAL FL 33904  
 US

Mailing Address

1410 SE 27TH TERR  
 CAPE CORAL FL 33904  
 US

**C0065657**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4612 SE 20th PL.  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 152106  
 Suite, Apt. #, etc.

City & State  
 CAPE CORAL, FL.

City & State  
 CAPE CORAL, FL.

4. FEI Number **65-0788226**

Applied For  
 Not Applicable

Zip  
 33904

Country  
 LEE

Zip  
 33915

Country  
 LEE

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

6. Name and Address of Current Registered Agent

JONES, CHARLES B I  
 1410 SE 27TH TERR  
 CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name **Charles**  
 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 \_\_\_\_\_ (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 **PD** ☐ Delete  
 NAME **JONES, CHARLES B**  
 STREET ADDRESS **1410 SE 27TH TERR**  
 CITY-ST-ZIP **CAPE CORAL FL 33904**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
 NAME **JONES, Charles B**  
 STREET ADDRESS **4612 SE 20th PL**  
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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: **Charles B. Jones III**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-01** **941-945-0887**  
 Date Daytime Phone #

CR2E034 (10/00)