2001	UNIFORM	BUSINESS	REPORT	(UBR
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SIGNATURE

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DOCU	MENT # P980000	29306					FILE	315			
ABARIS INSTITUTIONAL SERVICES, INC.						SECRETARY OF STATE DIVISION OF CORPORATIONS					
	THE BELCOURT GRO	UP, INC. 12	lisj	00)							
Principal Plac	· · · · · · · · · · · · · · · · · · ·	Mailing Address	1			0	I MAY -1	AM 9:4	7		
3400 S TAMIAMI TRAIL		3400 S TAMIAMI TRAIL									
STE 301 SARASOTA FL 34239		STE 301 SARASOTA FL 34239									
						1 (12) (10)					
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4	. FEI Number	65-0830563	3		plied For t Applicable]
Zip	Country	Zip	Count	try	5	. Certificate of	Status Desired		8.75 Addi		
	6. Name and Address of Current Re	egistered Agent			7	. Name and A	ddress of New Re			<u></u>	1
				Name							
GREEN, KEITH F 3400 S TAMIAMI TRAIL				Street A	ddress (P.C). Box Number	is Not Acceptable)			1
STE	301										1
SAR	ASOTA FL 34239			City				FL	Zip Code	;	1
9. The chaus	named entity submits this statement for the	he purpose of changing its led	nistere	ed office or	registered	agent or both.	in the State of Flo				1
9. This corpo	Signature, typed or printed name of registered agent and paration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	FEE Fee	IS \$150.0 will be \$5	50.00	10. Electi	ion Campaign Fine			0 May Be to Fees	_
_	ia on back)	Make Check Payat e	to De	epartmen	t of State			—			1
11.	OFFICERS AND DI		12.		CEU +		ANGES TO OFFI		DIRECTORS ☐ Change	Addition	g
THTLE NAME STREET ADDRESS CITY-ST-ZIP	BIAS, ANGELA C 3400 S TAMIAMI TRL STE 301 SARASOTA FL 34239	☐ Delete	NAME STREE		Bener	ge Rep 5, TAM	ichick iami Tra FL 346		·		2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD GREEN, KEITH F 3400 S TAMIAMI TRL STE 301 SARASOTA FL 34239	☑ Delete			Lynn	SURER+ 1 M. 1 0 S. TP ASOLA		N TRAIL	Change Suite	301	CR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DECHOW, GERALD A 3400 S TAMIAMI TRL STE 301 SARASOTA FL 34239	☑ Delete				40	00004 -05/19		□ Change □ □ 4 - 1057 ****1	コリレム	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1				A	15/10	☐ Change	Addition	
13. I hereby of indicated of the corchanged,	Certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachine with an address, with an address, with an address.	nis filing does not qualify for thrue and accurate and that rystered to execute this report is that all other like empowered	e exei signat requi	mption stature shall hered by Cha	ted in Section have the sare tapter 607, F	on 119.07(3)(i), ne legal effect a lorida Statutes;	Florida Statutes. I as if made under o and that my name	further certificath; that I are appears in	fy that the in n an officer Block 11 or	formation or director Block 12 if	