

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90134 021 ***150.00

DOCUMENT # P98000095435

1. Entity Name

BELLE TERRE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

OLD KINGS ROAD NORTH
COAST FL 32137

4B OLD KINGS ROAD NORTH
PALM COAST FL 32137-8226



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

21 Cypress Point Parkway
Suite, Apt. #, etc.

21 Cypress Point Parkway
Suite, Apt. #, etc.

City & State
Palm Coast, Florida

City & State
Palm Coast, Florida

4. FEI Number 59-3542021

Applied For
Not Applicable

Zip Country
32164 U.S.A.

Zip Country
32164 U.S.A.

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

CHIUMENTO, MICHAEL D
4B OLD KINGS ROAD NORTH
PALM COAST FL 32137

Name Donald T. O'Brien, Jr.
Street Address (P.O. Box Number is Not Accepted) 21 Cypress Point Parkway
City Palm Coast FL Zip Code 32164

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 Donald T. O'Brien, Jr.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, JOHN J	
STREET ADDRESS	220 PALM COAST PARKWAY SW	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	PREVATTE, EDWIN E	
STREET ADDRESS	1660 LAMBERT AVENUE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORELLO, MICHAEL G JR.	
STREET ADDRESS	POST OFFICE BOX 351458	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEITE, JAMES E	
STREET ADDRESS	1 CREEK BEND WAY	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBBS, THOMAS L	
STREET ADDRESS	POST OFFICE BOX 2030	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	P	<input type="checkbox"/> Delete
NAME	PAGE, BRUCE E	
STREET ADDRESS	9 CEDAR COURT	
CITY-ST-ZIP	PALM COAST FL 32137	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baylor, Albert W	
STREET ADDRESS	Rt. #1 Box 181-A	
CITY-ST-ZIP	Bunnell, FL 32110	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keyes, Gerald P	
STREET ADDRESS	1 Florida Park Dr. N STE 107	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scullion, William	
STREET ADDRESS	18 San-Marco Court	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chiumento, Michael D	
STREET ADDRESS	4B Old Kings Rd N.	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crews, C. Scott	
STREET ADDRESS	P.O. Box 69	
CITY-ST-ZIP	Bunnell, FL 32110	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McNab, James	
STREET ADDRESS	P.O. Box 1230	
CITY-ST-ZIP	Flagler Beach, FL 32136	

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: James E. Weite
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/20/2000

Daytime Phone # 904-445-9344

CR2E034 (9/99)