

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 04, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000095435**1. Entity Name  
**BELLE TERRE ENTERPRISES, INC.**Principal Place of Business  
21 CYPRESS POINT PKWY  
PALM COAST FL 32164  
Mailing Address  
21 CYPRESS POINT PKWY  
PALM COAST FL 32164

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

4. FEI Number  
**59-3542021**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****BRIAN DONALD TJR**  
21 CYPRESS POINT PKWY**PALM COAST FL**  
32164**7. Name and Address of New Registered Agent**Name  
**O'BRIEN DONALD TJR**Street Address (P.O. Box Number is Not Acceptable)  
21 CYPRESS POINT PKWYCity **FL** Zip Code  
**PALM COAST 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.****01/04/2001**

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 **P** ☐ Delete  
NAME **PAGE BRUCE E**  
STREET ADDRESS **9 CEDAR COURT**  
CITY-ST-ZIP **PALM COAST FL 32137**TITLE **D** ☐ Delete  
NAME **GIBBS THOMAS L**  
STREET ADDRESS **POST OFFICE BOX 2030**  
CITY-ST-ZIP **BUNNELL FL 32110**TITLE **VP** ☐ Delete  
NAME **WEITE JAMES E**  
STREET ADDRESS **1 CREEK BEND WAY**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**TITLE **D** ☐ Delete  
NAME **MORELLO MICHAEL GJR.**  
STREET ADDRESS **POST OFFICE BOX 351458**  
CITY-ST-ZIP **PALM COAST FL 32135**TITLE **D** ☐ Delete  
NAME **PREVATTE EDWIN E**  
STREET ADDRESS **1660 LAMBERT AVENUE**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**TITLE **D** ☐ Delete  
NAME **MARTIN JOHN J**  
STREET ADDRESS **220 PALM COAST PARKWAY SW**  
CITY-ST-ZIP **PALM COAST FL 32137****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
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: Donald T. O'Brien, Jr.****Mr. 01/04/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)