

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90112 030 ***150.00

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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3542021**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**O'BRIEN, DONALD T JR
 21 CYPRESS POINT PKWY
 PALM COAST FL 32164**

7. Name and Address of New Registered Agent

Name **James E. Weite, JR**
 Street Address (P.O. Box Number is Not Acceptable)
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

Signature, typed or printed name of registered agent and the 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, 2002 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	D	☒ Delete
NAME	MARTIN, JOHN J	
STREET ADDRESS	220 PALM COAST PARKWAY SW	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	☐ Delete
NAME	PREVATTE, EDWIN E	
STREET ADDRESS	1660 LAMBERT AVENUE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	D	☐ Delete
NAME	MORELLO, MICHAEL G. JR.	
STREET ADDRESS	POST OFFICE BOX 351458	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	VP	☐ Delete
NAME	WEITE, JAMES E	
STREET ADDRESS	1 CREEK BEND WAY	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	☐ Delete
NAME	GIBBS, THOMAS L	
STREET ADDRESS	POST OFFICE BOX 2030	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	P	☐ Delete
NAME	PAGE, BRUCE E	
STREET ADDRESS	9 CEDAR COURT	
CITY-ST-ZIP	PALM COAST FL 32137	

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:

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

4/16/2002 **386 445-9344**
 Date Daytime Phone

CR2E034 (9/01)