2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900030449

1. Entity Name

BELLS BAY AT CONWAY, INC.

Principal Place of Business

Mailing Address

450 CHALLENGER ROAD CAPE CANAVERAL FL 32920 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920-4226

FILED Feb 09, 2000 8:00 am Secretary of State

02-09-2000 90243 001 *2,381.25

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2. Principal Place of Business		3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THI	S SPACE		
115		115						
City & State Cocoa Beach, FL		City & State Cocoa Beach, FL		4	4. FEI Number Applied For S9-3567271 Applied For Not Applicable			
Zip	Country	Zip	Country	5	5. Certificate of Status Desired	\$8.75 Add		
32931	6. Name and Address of Current	32931	USA		Name and Address of Many Designations	Fee Require	<u> </u>	
	Hegistered Agent	Name		7. Name and Address of New Registered Agent				
HARTMAN, MICHAEL A 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920			Jacqueline McPhillips Street Address (P.O. Box Number is Not Acceptable) 5505 N. Atlantic Ave., #115					
			City Coco	Cocoa Beach FL			Zip Code 32931	
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.								
		- 128	111	-	-			
SIGNATURE .	(Vacatilka	- Mohil			1-14-00			
SIGNATORE .	Signature ped or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signat	ure required whe	en 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!!! After MAY 1, 2000 Make Check Payable				550.00	Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS	S IN 11	
TITLE	D	☐ Delete	TITLE	D/P/		X Change	Addition	
NAME I	MCPHILLIPS, MICHAEL	CT Delete	NAME	McPhi	llips, Michael			
STREET ADDRESS	450 CHALLENGER ROAD		STREET ADDRESS		N. Atlantic Ave., #115	;	}	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		CITY-ST-ZIP	1	Beach, FL 32931			
TITLE	D	□ Delete *	TITLE	D/V/S		∑ Change	Addition	
NAME	MCPHILLIPS, JACQUELINE		NAME		llips, Jacqueline			
STREET ADDRESS	450 CHALLENGER ROAD		STREET ADDRESS		N. Atlantic Ave., #115	5	{	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		CITY-ST-ZIP		Beach, FL 32931	•		
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NAME			NAME		ard, Alison Kerr-Hull	_ ,		
STREET ADDRESS			STREET ADDRESS	,	N. Atlantic Ave., #115	5	ł	
CITY-ST-ZIP	:		CITY-ST-ZIP	Cocoa	Beach, FL 32931	,		
TITLE		□ Delete	TITLE			☐ Change	Addition	
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NAME			NAME	1				
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	<u>L</u>				
13. I hereby of indicated of the corrections of the	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address,	n this filing does not qualify for s true and accurate and that my overed to execute this report a with all other like empowered	the exemption stary signature shall has required by Cha	ted in Section have the sand apter 607, F	on 119.07(3)(i), Florida Statutes. I further on the legal effect as if made under oath; that lorida Statutes; and that my name appears	ertify that the ir I am an officer s in Block 11 or	nformation or director r Block 12 if	

SIGNATURE:

Daytime Phone #