

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State
 02-09-2000 90243 001 *2,381.25

DOCUMENT # P99000030449

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

2. Principal Place of Business	3. Mailing Address
5505 N. Atlantic Ave.	5505 N. Atlantic Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
115	115
City & State	City & State
Cocoa Beach, FL	Cocoa Beach, FL
Zip	Zip
32931	32931
Country	Country
USA	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3567271	Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HARTMAN, MICHAEL A
450 CHALLENGER ROAD
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name	Jacqueline McPhillips
Street Address (P.O. Box Number is Not Acceptable)	5505 N. Atlantic Ave., #115
City	Cocoa Beach
State	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.

SIGNATURE *Jacqueline McPhillips* DATE 1-14-00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MCPHILLIPS, MICHAEL	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCPHILLIPS, JACQUELINE	
STREET ADDRESS	450 CHALLENGER ROAD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McPhillips, Michael	
STREET ADDRESS	5505 N. Atlantic Ave., #115	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	D/V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McPhillips, Jacqueline	
STREET ADDRESS	5505 N. Atlantic Ave., #115	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Colvard, Alison Kerr-Hull	
STREET ADDRESS	5505 N. Atlantic Ave., #115	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jacqueline McPhillips* DATE 1-14-00

CR2E034 (9/99)