

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90359 049 \*\*\*150.00

**DOCUMENT # S48358**

1. Entity Name

**8000 BELVEDERE PETROLEUM COMPANY**

Principal Place of Business

**8000 BELVEDERE ROAD  
 WEST PALM BEACH FL 33411**

Mailing Address

**1550 LATHAM RD  
 SUITE 8  
 WEST PALM BEACH FL 33409  
 US**

**816417**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1550 Latham Rd #8**

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0254695**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MCCRANEY, STEVEN E  
 7 WYCLIFF RD  
 W PALM BEACH FL 33418**

7. Name and Address of New Registered Agent

Name **Same**  
 Street Address (P.O. Box Number is Not Acceptable) **same**

**Palm Beach Gardens, FL** Zip Code

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **MCCRANEY, STEVEN E.**  
 STREET ADDRESS **7 WYCLIFF RD**  
 CITY-ST-ZIP **W PALM BEACH FL 33418 Palm Beach Gardens**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **MCCRANEY, MARIA M.**  
 STREET ADDRESS **7 WYCLIFF RD**  
 CITY-ST-ZIP **W PALM BEACH FL 33418 Palm Beach Gardens**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/21/00 (561) 478-4300**  
 Date Daytime Phone #

CR2E034 (10/00)