

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720559

1. Entity Name

BAY COLONY OF BAL HARBOUR, INC.

Principal Place of Business

Mailing Address

220 BAL BAY DRIVE
BAL HARBOUR FL 33154

220 BAL BAY DRIVE
BAL HARBOUR FL 33154-1313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1917332

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOOBY, JOHN LANG
220 BAL BAY DRIVE
BAL HARBOUR FL 33154

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LOOBY, JOHN LANG
STREET ADDRESS 220 BAL BAY DRIVE
CITY-ST-ZIP BAL HARBOUR FL ☐ Delete

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

TITLE VD
NAME LEE, CATHERINE
STREET ADDRESS 10245 COLLINS
CITY-ST-ZIP BAL HARBOUR FL ☐ Delete

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

TITLE D
NAME LOOBY, ROBERT K.
STREET ADDRESS 220 BAL BAY DRIVE
CITY-ST-ZIP BAL HARBOUR FL ☐ Delete

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

TITLE TD
NAME PETERSON, ANN
STREET ADDRESS 10698 N.E. 6TH AVENUE
CITY-ST-ZIP MIAMI SHORES FL ☐ Delete

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

TITLE TD
NAME PETERSON, HELEN
STREET ADDRESS 284 BAL CROSS DRIVE
CITY-ST-ZIP BAL HARBOUR FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90143 049 ****61.25



DO NOT WRITE IN THIS SPACE