

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90013 041 ****61.25

DOCUMENT # 737878

1. Entity Name

BAYVIEW OF POMPANO, INC.

Principal Place of Business

Mailing Address

2500 N. BAY DR.
 POMPANO BEACH FL 33062

2500 N. BAY DR.
 POMPANO BEACH FL 33062-2952

C0000410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1749891

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAILEY, PATRICK L.
2335 E. ATLANTIC BLVD.
POMPANO BEACH FL 33061

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	AVOLA, FRANCIS	2500 BAY DRIVE	POMPANO BEACH FL	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	GARNER, CLARE (DR)	2500 N BAY DR	POMPANO BCH FL	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	TUCKER, GLENN	2500 N BAY DR	POMPANO BCH FL 33062	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	KAHN, ROBERT	2500 N BAY DR	POMPANO BCH FL	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	PSTD	BAILEY, PATRICK	2500 BAY DR	POMPANO BEACH FL	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 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

Date

Daytime Phone #

1/4/2000 941-492-