

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

05-21-2003 90188 040 \*\*\*\*61.25

0072949

**DOCUMENT # 745292**

1. Entity Name

**2200 SOUTH BAY, INC.**



Principal Place of Business

**2200 S. BAY ST.  
EUSTIS FL 32726  
US**

Mailing Address

**P.O. BOX 2347  
UMATILLA FL 32784  
US**

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 **59-1977264**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODGER, CINDY H  
37325 BEACH DRIVE  
UMATILLA FL 32784**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODGER, CINDY H	
STREET ADDRESS	37325 BEACH DR	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TRASK, ARET E	
STREET ADDRESS	22 FOREST LANE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PARTER, ART	
STREET ADDRESS	1905 SOUTH BAY ST	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	RODGER, CINDY H	
STREET ADDRESS	37325 BEACH DR	
CITY-ST-ZIP	UMATILLA FL 32784	
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"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 the empowered.

SIGNATURE:

*Cindy H. Rodger*  
**RODGER**

**FEB 28 2003**

**352**  
**493 1466**

CR2E037 (10/02)