

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

0005952

04-04-2001 90130 049 \*\*\*\*61.25

**DOCUMENT # 748061**  
 1. Entity Name  
**BAYWOOD COLONY SOUTHWOOD APARTMENTS I CONDOMINIU**

Principal Place of Business 5766 BRONX AVE STE-A SARASOTA FL 34231 US	Mailing Address 5766 BRONX AVE STE-A SARASOTA FL 34231 US
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>65-0053218</b>	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MGMT CONCEPTS OF SARASOTA COUNTY INC**  
**5766 BRONX AVE**  
**STE-A**  
**SARASOTA FL 34231**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COSTELLO, HERB</b> <b>1711 SOUTHWOOD STREET</b> <b>SARASOTA FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>AUGERI, JOSEPH</b> <b>1647 SOUTHWOOD ST</b> <b>SARASOTA FL 34231</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MALLIE, MARSHALL</b> <b>1615 SOUTHWOOD STREET</b> <b>SARASOTA FL 34231</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MAGINNESS, ANTHONY</b> <b>1713 SOUTHWOOD STREET</b> <b>SARASOTA FL 34231</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BRYD, RICHARD</b> <b>6512 SUPERIOR ST</b> <b>SARASOTA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>JACKSON, JAMES</b> <b>1607 SOUTHWOOD ST</b> <b>PO BOX 4274</b> <b>SARASOTA FL 34230</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ELIZABETH WALSER</b> <b>1601 SOUTHWOOD ST.</b> <b>SARASOTA FL 34230</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (10/00)

641752  
attachment  
D# 748061

**MANAGEMENT CONCEPTS OF  
SARASOTA COUNTY, INC.  
5766 BRONX AVENUE, SUITE A  
SARASOTA, FL 34231**

**NEW TELEPHONE &**

**FAX NUMBERS**

**(941) 922-5522 PHONE  
(941) 923-0806 FAX**

**EFFECTIVE MARCH 1, 2001**

**PLEASE CHANGE YOUR RECORDS**