

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90140 001 \*\*\*150.00

**DOCUMENT # L61328**

1. Entity Name  
**BAYVIEW PROPERTIES OF THE KEYS, INC.**

Principal Place of Business <b>166 RUSHTON LANE          TAVERNIER FL 33070</b>	Mailing Address <b>166 RUSHTON LANE          TAVERNIER FL 33070</b>
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2. Principal Place of Business <b>98500 Overseas Highway</b>	3. Mailing Address <b>98500 Overseas Highway</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Key Largo, FL 33037</b>	City & State <b>Key Largo, FL 33037</b>



DO NOT WRITE IN THIS SPACE

Zip <b>33037</b>	Country <b>USA</b>	Zip <b>33037</b>	Country <b>USA</b>
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4. FEI Number **65-0250086** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCDERMOTT, THOMAS J.  
 166 RUSHTON LANE  
 TAVERNIER FL 33070**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**98500 Overseas Highway**  
**Key Largo FL 33037**

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]* DATE **4/19/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST MCDERMOTT, THOMAS J 166 RUSHTON LANE TAVERNIER FL 33070</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>98500 Overseas Highway Key Largo, FL 33037</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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

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]* **PRESIDENT** DATE: **4/19/01** DAYTIME PHONE #: **705-852-8585**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

002-951

CR2E034 (10/00)