

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90439 001 ***300.00

DOCUMENT # L95235

1. Entity Name
BAYFRONT, INC.

Principal Place of Business

**2150 GOODLETTE RD
SUITE 700
NAPLES FL 34102**

Mailing Address

**2150 GOODLETTE RD
SUITE 700
NAPLES FL 34102**

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 **65-0220729**

Applied For
Not Applicable

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

**STONEBURNER, KEVIN L.
2150 GOODLETTE ROAD
SUITE 700
NAPLES FL 33940**

Name

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

City

FL

Zip Code
34102

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
☐ Delete	D	STONEBURNER, KEVIN	2150 GOODLETTE RD., #700 NAPLES FL	☐ Change ☒ Addition			
☐ Delete	D	LOFGREN, DARLENE S	963 GALLEON DRIVE NAPLES FL	☒ Change ☐ Addition		1010 GALLEON DRIVE NAPLES, FL 34102	34102 (Zip Code)
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-02 **941-649-8700**
Date Daytime Phone #

CR2E034 (9/01)