

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90121 043 ****61.25

0006133

DOCUMENT # N29536

1. Entity Name

FAIRFIELD'S BAY ISLAND COVE, INC.

Principal Place of Business

Mailing Address

107 BAY HILL COURT
 PONTE VEDRA BEACH FL 32082

P. O. DRAWER 1439
 PONTE VEDRA BEACH FL
 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 **59-2965064**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

00023158



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANTRELL, NOREEN M
% SIGNATURE REALTY & MGMT. INC.
9889-1 SAN JOSE BLVD.
JACKSONVILLE FL 32257

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: **VPD** Delete
 NAME: **FLETT, DOUGLAS**
 STREET ADDRESS: **107 BAY HILL CT**
 CITY-ST-ZIP: **PONTE VEDRA BEACH FL 32082**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **D** Delete
 NAME: **LAVIELLE, MARTHA**
 STREET ADDRESS: **128 GLEN COVE PLACE**
 CITY-ST-ZIP: **PONTE VEDRA BEACH FL 32082**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **TD** Delete
 NAME: **FERGUSON, WILLIAM**
 STREET ADDRESS: **104 BAY HILL CT**
 CITY-ST-ZIP: **PONTE VEDRA BEACH FL 32082**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **PD** Delete
 NAME: **TUNSTALL, WILLIAM**
 STREET ADDRESS: **115 GLEN COVE PLACE**
 CITY-ST-ZIP: **PONTE VEDRA BEACH FL 32082**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **SD** Delete
 NAME: **PELLETIER, GIGI**
 STREET ADDRESS: **110 BAY HILL CT**
 CITY-ST-ZIP: **PONTE VEDRA BEACH FL 32082**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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: *William Tunstall* **WILLIAM TUNSTALL REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-01

Date

268-0035

Daytime Phone #

CR2E037 (10/00)