

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90126 047 ****61.25

0019712

DOCUMENT # N36003

1. Entity Name

BAY AREA UNIT 112 INCORPORATED

Principal Place of Business C/O MAE VAN DAELE 172 HIGHLAND ST VALPARAISO FL 32580 US	Mailing Address C/O MAE VAN DAELE 172 HIGHLAND ST VALPARAISO FL 32580 US
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UUUU6039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 23-7337063		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
VAN DAELE, MAE 172 HIGHLAND STREET VALPARAISO FL 32580				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOVE, JO <input checked="" type="checkbox"/> Delete 407 GLENDALE AVE VALPARAISO FL 32580	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBBIE LE CROY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6 BAY VIEW DR. SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POLOMSKI, LINDA <input checked="" type="checkbox"/> Delete 22 DEAL AVENUE FT. WALTON BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOROTHY BURROUGHS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1285 N BAYSHORE DR VALPARAISO, FL 32580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALLIVANT, ORENE <input checked="" type="checkbox"/> Delete 1203 BAYSHORE DR NICEVILLE FL 32578	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARGIE PRIETO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1114 27th ST. NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANDAELE, MAE <input type="checkbox"/> Delete 172 HIGHLAND ST. VALPARAISO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOMAS, SHIRLEY <input type="checkbox"/> Delete 1500 18TH ST NICEVILLE FL	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

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]* Date: Jan 4, 2001 Daytime Phone # _____

CR2E037 (10/00)