

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005639

1. Entity Name

BAY HARBOR DEVELOPMENT ASSOCIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90115 033 ****61.25

Principal Place of Business 1007 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	Mailing Address 1007 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154-2105
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2. Principal Place of Business 9790 E. BAY HARBOR DR.	3. Mailing Address 9790 E. BAY HARBOR DR.
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Suite, Apt. #, etc. SUITE 1	Suite, Apt. #, etc. SUITE 1
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City & State BAY HARBOR ISLANDS, FL.	City & State BAY HARBOR ISLANDS, FL.
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Zip 33154	Country	Zip 33154	Country
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4. FEI Number 65-0459733	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROBBINS, MARJORIE F
1090 KANE CONCOURSE
SUITE 202
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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	PD LAURENCE, KENNETH 1007 KANE CONCOURSE BAY HARBOR ISLANDS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REYCRAFT, GEORGE C 9790 E BAY HARBOR DR STE 1 BAY HARBOR ISLANDS FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUM, ETHEL 9592 HARDING AVE SURFSIDE FL 33154	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACHETTE, ROBERTA LEE 3535 MCGELLEN CIRCLE UNIT 523 N MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCHNER, DAVID 1077 95TH ST BAY HARBOR ISLANDS FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MACHETTE, ROBERTA LEE 9821 E BAY HARBOR DR BAY HARBOR ISLAND FL 33154	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AND DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT AND DIRECTOR STANTON M. BERSHAD 1005 KANE CONCOURSE BAY HARBOR ISLANDS, FL. 33154	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MURRAY ROSENTHAL 3535 MAGELLAN CIRCLE, UNIT 523 N. MIAMI BEACH, FL. 33180	<input type="checkbox"/> Change <input checked="" 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: *Roberta Lee Machette* **Roberta Lee Machette, Secretary/Treasurer**
 January 20, 2000 305 868 6430

CR2E037 (9/99)