

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 288814

1. Entity Name

BAYOU MANAGEMENT CO.

Principal Place of Business

Mailing Address

7979 BAYOU CLUB BOULEVARD
LARGO FL 34647-
US

7979 BAYOU CLUB BOULEVARD
LARGO FL 33777-3040
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33777

Country

Zip

Country

6. Name and Address of Current Registered Agent

Name

DAVIS, AILEEN S.
100 SO ASHLEY DRIVE
STE 1500
TAMPA FL 33602

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

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, 2000 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

TITLE	S	<input type="checkbox"/> Delete
NAME	RUBIN, DAVID M.	
STREET ADDRESS	222 N. LASALLE ST #800	
CITY-ST-ZIP	CHICAGO, IL 00000	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HARLEY, KAREN H	
STREET ADDRESS	7303 BAYOU CLUB BLVD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NASSAU, RICHARD J.	
STREET ADDRESS	222 N. LASALLE ST. 1000	
CITY-ST-ZIP	CHICAGO, IL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CROWN, WILLIAM H.	
STREET ADDRESS	222 N. LASALLE ST. 1000	
CITY-ST-ZIP	CHICAGO, IL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOODMAN, CHARLES H	
STREET ADDRESS	222 N. LASALLE ST #2000	
CITY-ST-ZIP	CHICAGO, IL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	COHEN, MEL	
STREET ADDRESS	222 N. LASALLE ST. 1000	
CITY-ST-ZIP	CHICAGO IL	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7979 BAYOU CLUB BLVD.
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

O. FRANKIEWICZ

1/11/00

727/399-1000

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90139 036 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1089241

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent