

2000 UNIFORM BUSINESS REPORT (UBR)

0008815 AF

DOCUMENT # A24321

1. Entity Name
BAYSIDE PLAZA, LTD.

FILED
00 JAN 27 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O THE ALLEN MORRIS COMPANY
1000 BRICKELL AVENUE, SUITE 300
MIAMI FL 33131

Mailing Address
C/O THE ALLEN MORRIS COMPANY
1000 BRICKELL AVENUE, SUITE 300
MIAMI FL 33131-3004

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **NOT APPLICABLE**
65-0048964

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS, W. ALLEN
1000 BRICKELL AVENUE
SUITE 1200
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P16775 HAMMOND VENTURE, INC. 1000 BRICKELL AVE.#300 MIAMI FL	STREET ADDRESS	
		CITY - ST - ZIP	
			200003118458--5
			-02/01/00--01073--001
			****141.25 ****141.25
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Bill C. Davis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-21-2000 (305) 358-1000

Date Daytime Phone #

CR2E003 (9/99)