

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08155

1. Entity Name

BAY HILLS VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

10628 BAY HILLS CIR  
THONOTOSASSA FL 33592  
US

Mailing Address

115 S DALE MABRY HWY STE 300  
TAMPA FL 33609-2845  
US

2. Principal Place of Business

3. Mailing Address

7628 N. 56th St #8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAMPA

City & State

City & State

TAMPA FL

Zip

Country

Zip

33617

Country

4. FEI Number

59-2647222

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIANNE, BLAKE, UNIQUE PROP SERV  
115 S DALE MABRY HWY STE 300  
TAMPA FL 33609

Name

WILLIAM C SPIVEY

Street Address (P.O. Box Number is Not Acceptable)

WISE PROPERTY MGMT  
7628 N. 56th St #8

City

TAMPA

FL

Zip Code

33617

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

WILLIAM C. SPIVEY

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

03/28/00

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 NAME STREET ADDRESS CITY-ST-ZIP	D STEINER, NELSON C. 5012 LEMON STREET TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, EDDIE 10513 BAY HILLS CIR THONOTOSASSA FL 33592	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIDENREICH, HENRY 5012 LEMON ST TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, DONALD A 5012 LEMON ST TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARSHALL, SANDRA 10602 BAY HILLS CIRCLE THONOTOSASSA FL 33592	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDSEY, RUTH 10628 BAY HILLS CIRCLE THONOTOSASSA FL 33592	<input checked="" type="checkbox"/> Delete

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"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: JANE OSBORNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-00 (813) 421-6666

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Apr 11, 2000 8:00 am  
Secretary of State

04-11-2000 90005 027 \*\*\*\*70.00