

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072788

1. Entity Name

BAY DEVELOPMENT GROUP, INC.

**FILED**  
May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90388 045 \*\*\*150.00

Principal Place of Business

119 SPIRES LANE  
SANTA ROSA BEACH FL 32459

Mailing Address

119 SPIRES LANE  
SANTA ROSA BEACH FL 32459-4375

2. Principal Place of Business

40001 Emerald Coast Pkwy

3. Mailing Address

40001 Emerald Coast Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Destin, FL

City & State

Destin, FL

4. FEI Number

59-3532757

Applied For

Not Applicable

Zip

32541

Country

U.S.

Zip

32541

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEWS, DANA C  
607 HIGHWAY 98 EAST  
DESTIN FL 32541

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, EDWARD T	
STREET ADDRESS	307 OSCEOLA COURT	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Michael Adkinson	
STREET ADDRESS	502 Greenway Cove	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne Adkinson	
STREET ADDRESS	29874 U.S. Hwy 331 South	
CITY-ST-ZIP	Freeport, FL 32439	
TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chad Adkinson	
STREET ADDRESS	334-B Calhoun Avenue	
CITY-ST-ZIP	Destin, FL 32541	
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

4/10/00

Date

856)654-7211

Daytime Phone #

CR2E034 (9/99)