

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90016 003 ***558.75

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038715 PL

1. Entity Name

BY & C MANAGEMENT, INC

Principal Place of Business

Mailing Address

22 S. TUTTLE AVE

22 S. TUTTLE AVE

#4

#4

SARASOTA, FL. 34237

SARASOTA, FL. 34237

2. Principal Place of Business

3. Mailing Address

23 CORPORATE PLAZA

6360 S. TAMiami TR.

Suite, Apt., Etc.

Suite, Apt. #, Etc.

SUITE 180

City & State

City & State

NEWPORT BEACH, CA.

SARASOTA, FL.

Zip

Country

Zip

Country

92660

USA

34231

USA

4. FEI Number

65-0832987

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

BRUCE YOUNKER

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

6360 S. TAMiami TRAIL

City SARASOTA

FL

Zip Code 34231

6. Name and Address of Current Registered Agent

THOMAS M. FITZGIBBONS, ESQ

22 S. TUTTLE AVE. #4

SARASOTA FL. 34237

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

Bruce Younker (BRUCE YOUNKER)

23 JUN 2000

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

(NOTE: Registered Agent signature required when (re)registering)

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: DIRECTOR
 NAME: ROBERT A. YOUNKER
 STREET ADDRESS: 22 S. TUTTLE AVE #4
 CITY-STATE-ZIP: SARASOTA FL 34237

TITLE: PRES./DIR.
 NAME: ROBERT A. YOUNKER
 STREET ADDRESS: 23 CORPORATE PLAZA SUITE 180
 CITY-STATE-ZIP: NEWPORT BEACH CA. 92660

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-STATE-ZIP: ☐ Delete

TITLE: SEC/TRES/DIR.
 NAME: CAROL JEAN GEHLKE
 STREET ADDRESS: 23 CORPORATE PLAZA SUITE 180
 CITY-STATE-ZIP: NEWPORT BEACH CA. 92660

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-STATE-ZIP: ☐ Delete

TITLE: DIR.
 NAME: CALVIN K. MEES
 STREET ADDRESS: 223 E. F.M. 1382 SUITE 12720
 CITY-STATE-ZIP: CEDAR HILL TX 75104

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 as changed, or on an attachment, with an address with all other (re)empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(ROBERT A. YOUNKER)

Date

Date Filed

23 JUN 2000 949-720-7320

CR2E034 (9/99)