

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90061 031 ***150.00

DOCUMENT # 174188

1. Entity Name

BAYRIDGE CORPORATION

Principal Place of Business

101 W. PIPPEN DR.
 ISLAMORADA FL 33036-3113

Mailing Address

101 W. PIPPEN DR.
 ISLAMORADA FL 33036-3112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0965810

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

7. Name and Address of New Registered Agent

KOHLHOFER, JOHN
117 GUMBO LIMBO
ISLAMORADA FL 33036

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	VD	<input type="checkbox"/> Delete
NAME	KOHLHOFER, JOHN	
STREET ADDRESS	117 GUMBO LIMBO	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VIE, BERRY	
STREET ADDRESS	130 W. PIPPIN DRIVE	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALL, DENNIS	
STREET ADDRESS	126 GUMBO LIMBO RD.	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHIMMELMAN, VALERIE	
STREET ADDRESS	101 W. PIPPIN DR.	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIPALOL, FRANCINE	
STREET ADDRESS	126 GUMBO LIMBO ROAD	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CATHY, JERRY	
STREET ADDRESS	109 GUMBO LIMBO ROAD	
CITY-ST-ZIP	ISLAMORADA FL 33036	

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

No Changes

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 empowerments.

SIGNATURE:

Valerie Schimmelman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/00 (305) 853-3381

CR2E034 (9/99)