

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

0118041

**DOCUMENT # 174188**

1. Entity Name  
**BAYRIDGE CORPORATION**

04-04-2001 90133 042 \*\*\*150.00

Principal Place of Business      Mailing Address  
**101 W. PIPPEN DR.**      **101 W. PIPPEN DR.**  
**ISLAMORADA FL 33036-3113**      **ISLAMORADA FL 33036-3113**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **P.O. Box 1146**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Islamorada FL**

4. FEI Number      **59-0965810**      Applied For  
 Not Applicable

City & State      City & State  
**Islamorada FL**

Zip      Country      Zip      Country  
**33036**      **Monroe**

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

6. Name and Address of Current Registered Agent  
**KOHLHOFER, JOHN**  
**117 GUMBO LIMBO**  
**ISLAMORADA FL 33036**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>KOHLHOFER, JOHN</b> <b>117 GUMBO LIMBO</b> <b>ISLAMORADA FL 33036</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>VIE, BERRY</b> <b>130 W. PIPPIN DRIVE</b> <b>ISLAMORADA FL 33036</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BALL, DENNIS</b> <b>126 GUMBO LIMBO RD.</b> <b>ISLAMORADA FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SCHIMMELMAN, VALERIE</b> <b>101 W. PIPPIN DR.</b> <b>ISLAMORADA FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DIPALOL, FRANCINE</b> <b>126 GUMBO LIMBO ROAD</b> <b>ISLAMORADA FL 33036</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'CATHY, JERRY</b> <b>109 GUMBO LIMBO ROAD</b> <b>ISLAMORADA FL 33036</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Shanann Prince</b> <b>121 Gumbo Limbo Rd.</b> <b>Islamorada FL 33036</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Janet Russell</b> <b>125 Gumbo Limbo Rd.</b> <b>ISLAMORADA FL 33036</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Anne Harris</b> <b>109 Pippin Dr.</b> <b>Islamorada FL 33036</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Carroll Walsh</b> <b>106 Gumbo Limbo Rd.</b> <b>Islamorada FL 33036</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carroll E. Walsh      Carroll E. Walsh Treasurer 3/30/01 305-853-7075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)