

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 348150

1. Entity Name

BAHAMA HOTEL INC

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

05-01-2000 90402 029 \*\*\*150.00

Principal Place of Business

Mailing Address

401 N ATLANTIC BLVD  
 FT. LAUDERDALE FL 33304

3536 LAROCHELLE DR  
 COLUMBUS OH 43221  
 US

2. Principal Place of Business

3. Mailing Address

2638 York Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Columbus, OH

4. FEI Number

59-1264824

Applied For

Not Applicable

Zip

Country

Zip

Country

43201

U.S.

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

Name

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

City

FL

Zip Code

BOLT, JAMES L.  
 401 N. ATLANTIC BLVD.  
 FT. LAUDERDALE FL 33304

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 PD ☐ Delete  
 NAME BOLT, JAMES L.  
 STREET ADDRESS 401 N. ATLANTIC BLVD.  
 CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD ☐ Delete  
 NAME BOLT, G H  
 STREET ADDRESS 3536 LA ROCHELLE DRIVE  
 CITY-ST-ZIP COLUMBUS OH 45221

TITLE SD ☒ Change ☐ Addition  
 NAME Barb Lewis  
 STREET ADDRESS 2638 York Road  
 CITY-ST-ZIP Columbus, OH 43201

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

BARBARA BLEWIS 4/21/00

CR2E034 (9/99)