

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 473826

1. Entity Name

BAYSIDE DEVELOPMENT COMPANY

Principal Place of Business

Mailing Address

7750 38TH AVE. NO.
ST. PETERSBURG FL 33710

7750 38TH AVE. NO.
ST. PETERSBURG FL 33710-1235

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

59-1587386

Applied For

Not Applicable

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

KAREN E MALLER
BARNETT TOWER
ONE PROGRESS PLAZA, STE 1210
ST PETE FL 33701

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 renewing)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PO	DALRYMPLE, GERALD F	7750-38TH AVE N ST PETERSBURG FL					<input type="checkbox"/>	<input type="checkbox"/>
	VST	DALRYMPLE, NINA M	7750-38TH AVE N ST PETERSBURG FL					<input type="checkbox"/>	<input type="checkbox"/>
	D	DALRYMPLE, NINA M	7750-38TH AVE N ST PETERSBURG FL					<input type="checkbox"/>	<input type="checkbox"/>
	CV	RIKANSRUD, CARA L	7750 38TH AVENUE NORTH ST. PETERSBURG FL		CHRISTY, CARA L.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

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

CARA L. CHRISTY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06-21-2000 90002 003 *** 150.00

FILED 473826

SECRETARY OF STATE
DIVISION OF CORPORATION

00 JUL 20 PM 4:33



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)