

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2001 8:00 am
Secretary of State

08-22-2001 90220 047 ***550.00

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DOCUMENT # 483305

1. Entity Name
BAYMONT, INC.



Principal Place of Business
**14100 58TH STREET N.
 RUBIN ICOT CENTER
 CLEARWATER FL 33760**

Mailing Address
**14100 58TH STREET N.
 RUBIN ICOT CENTER
 CLEARWATER FL 33760**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

801 - 6th Ave. -S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

900 Monenco Place

City & State

City & State

Calgary, Alberta

4. FEI Number

59-1670918

Applied For

Not Applicable

Zip

Country

Zip

Country

T2P 3W3

Canada

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

**QUACKENBUSH, MICHAEL P.
 14100 58TH STREET N.
 CLEARWATER FL 33760**

Name

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

City

FL

Zip Code

9. 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **CD** ☒ Delete
 NAME **VAN ADEL, ROBERT**
 STREET ADDRESS **2010 WINSTON PARK DRIVE**
 CITY-ST-ZIP **OAKVILLE, ONTARIO**

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

TITLE **PD** ☐ Delete
 NAME **BROWN, R.W.**
 STREET ADDRESS **14100 58TH ST. NO.**
 CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **VSTD** ☐ Delete
 NAME **QUACKENBUSH, M.P.**
 STREET ADDRESS **14100-58TH ST.,N.**
 CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **AST** ☒ Delete
 NAME **LEGAULT, G.J.**
 STREET ADDRESS **2010 WINSTON PARK DRIVE**
 CITY-ST-ZIP **OAKVILLE, ONTARIO**

TITLE **AST** ☐ Change ☒ Addition
 NAME **BRAID, Katharine**
 STREET ADDRESS **36 Toronto Street**
 CITY-ST-ZIP **Toronto, Ontario M5C 2C5 Canada**

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
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katharine Braid, Assistant Secretary - July 31, 2001

(416) 644-3624

Date

Daytime Phone #

CR2E034 (5/01)