

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 502194

1. Entity Name

INTERBAY PROPERTY AND CONSTRUCTION CORPORATION

Principal Place of Business

9931 PINE LAKE TRAIL
ST PETERSBURG FL 33708

Mailing Address

9931 PINE LAKE TRAIL
ST PETERSBURG FL 33708-3573

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

VANKESTEREN, HENRY
9931 PINE LAKE TRAIL
ST PETERSBURG FL 33708

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

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	CAMPBELL, SUE	
STREET ADDRESS	9931 PINE LAKE TRAIL	
CITY-ST-ZIP	ST PETE, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VAN KESTEREN, HENRY	
STREET ADDRESS	#1 BCH DR	
CITY-ST-ZIP	ST PETE, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VAN KESTEREN, EVELYN	
STREET ADDRESS	#1 BCH DR	
CITY-ST-ZIP	ST PETE, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, W FRED	
STREET ADDRESS	9931 PINE LAKE TRAIL	
CITY-ST-ZIP	ST PETE, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *W. Fred Campbell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
W. FRED CAMPBELL

3-21-2000

Date

727-3925116

Daytime Phone #

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90059 028 ***150.00



DO NOT WRITE IN THIS SPACE