

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90049 003 ****61.25

DOCUMENT # 712389

1. Entity Name

BAY AREA LEGAL SERVICES, INC.

Principal Place of Business

Mailing Address

RIVERBROOK PROFESSIONAL CENTER, 2ND FLOOR
 829 W. MARTIN LUTHER KING JR. BLVD.
 TAMPA FL 33603-3331

RIVERBROOK PROFESSIONAL CENTER, 2ND FLOOR
 829 W. MARTIN LUTHER KING JR. BLVD.
 TAMPA FL 33603

905998



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1171886

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WOLTMANN, RICHARD C.
829 W. MARTIN LUTHER KING JR. BLVD.
2ND FLOOR
TAMPA FL 33603-3331

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
 NAME **MCLEROY, KATHLEEN**
 STREET ADDRESS **P.O. BOX 3239**
 CITY-ST-ZIP **TAMPA FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **WALLER, EDWARD M.**
 STREET ADDRESS **P.O. Box 1438**
 CITY-ST-ZIP **TAMPA, FL. 33601-1438**

TITLE **PE** ☒ Delete
 NAME **WALLER, EDWARD M**
 STREET ADDRESS **P.O. BOX 1438**
 CITY-ST-ZIP **TAMPA FL**

TITLE **PRESIDENT-ELECT** ☒ Change ☐ Addition
 NAME **CAREY, J. KEVIN**
 STREET ADDRESS **P.O. Box 3239**
 CITY-ST-ZIP **TAMPA, FL. 33601-3239**

TITLE **T** ☒ Delete
 NAME **BUSANSKY, SHELDON**
 STREET ADDRESS **3611 SCHEFFLERA RD.**
 CITY-ST-ZIP **TAMPA FL**

TITLE **TREASURER** ☒ Change ☐ Addition
 NAME **MCLEROY, KATHLEEN S.**
 STREET ADDRESS **P.O. Box 3239**
 CITY-ST-ZIP **TAMPA, FL. 33601-3239**

TITLE **SD** ☐ Delete
 NAME **BAKER, BETTY**
 STREET ADDRESS **4421 LANE RD., LOT 242**
 CITY-ST-ZIP **ZEPHYRILLS FL**

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

TITLE **ED** ☐ Delete
 NAME **WOLTMANN, RICHARD C**
 STREET ADDRESS **4129 N MEADOW CIRCLE**
 CITY-ST-ZIP **TAMPA FL**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-00

Date

(813) 622-6657

Daytime Phone #