

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726495

1. Entity Name

BAYTREE, A CONDOMINIUM, SECTION FOUR, INC.

FILED

Feb 11, 2000 8:00 am  
Secretary of State

02-11-2000 90031 042 \*\*\*\*61.25

Principal Place of Business

423-17 SHEOAH BLVD.  
WINTER SPRINGS FL 32708

Mailing Address

423-17 SHEOAH BLVD.  
WINTER SPRINGS FL 32708-2454

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1487470

Applied For

Not Applied For

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

KOSS, MARY LOUISE  
423-17 SHEOAH BLVD.  
WINTER SPRINGS FL 32708

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

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MINANA, JAMES R	
STREET ADDRESS	423-18 SHEOAH BLVD.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STROKER, HOWARD	
STREET ADDRESS	423-9 SHEOAH BLVD.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KOSS, MARY LOUISE	
STREET ADDRESS	423-17 SHEOAH BLVD.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'ROURKE, ROBERT	
STREET ADDRESS	423-19 SHEOAH BLVD.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	ROBERT J O'ROURKE	
STREET ADDRESS	423-17 SHEOAH BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VICE PRESIDENT-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	ROBERT C. SEILER	
STREET ADDRESS	427-33 SHEOAH BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mary Louise Koss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/2000 407-327-1