

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726496

1. Entity Name

BAYTREE, A CONDOMINIUM, SECTION NINE, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90115 006 ****61.25

Principal Place of Business

Mailing Address

620 NIGHTHAWK CIR
WINTER SPRINGS FL 32708
US

PO BOX 195771
WINTER SPRINGS FL 32719-5771
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1516765

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

PAINE-ANDERSON PROPERTIES
620 NIGHTHAWK CIR
WINTER SPRINGS FL 32708

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

Karen Paine-Anders

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/00

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 ~~SDT~~ ☒ Delete
NAME ~~FORSYTHE, WENDALL~~
STREET ADDRESS ~~60 MOREE LOOP #41~~
CITY-ST-ZIP ~~WINTER SPRINGS FL~~

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

TITLE P ☐ Delete
NAME MINEO, SAM
STREET ADDRESS 50-21 MOREE LOOP
CITY-ST-ZIP WINTER SPRINGS FL

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

TITLE D ☐ Delete
NAME MUHAMMED, S
STREET ADDRESS 7059 MOREE LOOP
CITY-ST-ZIP WINTER SPGS FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 70-59 Moree Loop
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME BEGAN, MARILYN
STREET ADDRESS 40-7 MOREE LOOP
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 40-7 Moree Loop
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FOX, L
STREET ADDRESS 40-11 MOREE LOOP
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☒ Change ☐ Addition
NAME SDT
STREET ADDRESS Lynn Fox
CITY-ST-ZIP 40-11 Moree Loop
Winter Springs, FL 32708

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 117, 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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] Pres. 4/10/00 (407)
695-7898

CR2E037 (9/99)