2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment v

FILED Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # 727870** 1. Entity Name BIRD BAY LEISURE, INC. 01-31-2001 90279 025 ****61.25 Principal Place of Business Mailing Address 612 BIRD BAY DRIVE, S. 612 BIRD BAY DRIVE, S. VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1547594 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) BAQUERO, MARY 612 BIRD BAY DRIVE S VENICE FL 34231 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstati FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD Delete TITLE Addition ☐ Change DEIBEL, DAVID L NAME Ison, Donald NAME 612 Bird Bay Dr S. STREET ADDRESS 612 BIRD BAY DR. SOUTH STREET ADDRESS CITY-ST-ZIP VENICE FL CITY-ST-ZIP Venice FL TITLE VD Delete TITLE Change Addition KLASKO, FRANK Jensen, Robert 612 Bird Bay Dr S NAME NAME STREET ADDRESS .612.BIRD.BAY_DR.,SOUTH. STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-7IP Venice FL TITLE Delete TITLE Change ☐ Addition NAME POWELL, EDWARD W NAME STREET ADDRESS 612 BIRD BAY DR. SOUTH STREET ADDRESS **VENICE FL** CITY-ST-ZIP CITY-ST-7IP SD TITLE Delete TITLE Change Addition Kritzler, Joan 4,12 Bird Bay Dr S NAME DEGROOT, JOANNE NAME STREET ADDRESS 612 BIRD BAY DRIVE SOUTH STREET ADDRESS CITY-ST-ZIP **VENICE FL** CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 received 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 chapted or on an attachment with an address with all other life properties.

Date

Daytime Phone #