

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90019 038 ****61.25

DOCUMENT # 745292

1. Entity Name
2200 SOUTH BAY, INC.

Principal Place of Business 2200 S. BAY ST. EUSTIS FL 32726 US	Mailing Address P.O. BOX 2347 UMATILLA FL 32784 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-1977264** Applied For
 Not Applicable

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

**RODGER, CINDY H
 37325 BEACH DRIVE
 UMATILLA FL 32784**

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: *Cindy H. Rodger* *President* *Mar 15 2002*
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	PD <input type="checkbox"/> Delete
NAME	RODGER, CINDY H
STREET ADDRESS	37325 BEACH DR
CITY-ST-ZIP	UMATILLA FL 32784
TITLE	VPD <input type="checkbox"/> Delete
NAME	TRASK, ARET E
STREET ADDRESS	22 FOREST LANE
CITY-ST-ZIP	EUSTIS FL 32726
TITLE	VPD <input type="checkbox"/> Delete
NAME	PARTER, ART
STREET ADDRESS	1905 SOUTH BAY ST
CITY-ST-ZIP	EUSTIS FL 32726
TITLE	TSD <input type="checkbox"/> Delete
NAME	RODGER, CINDY H
STREET ADDRESS	37325 BEACH DR
CITY-ST-ZIP	UMATILLA FL 32784
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cindy H. Rodger* *CINDY H RODGER* *3-15-02* *352 483* *1466*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)