

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754392

1. Entity Name:

BAY INDIES RESIDENTS PROTECTIVE ASSOCIATION, INC

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

02-17-2000 90006 011 ****61.25

Principal Place of Business	Mailing Address
950 RIDGEWOOD AVE C/O B I R P A INC VENICE FL 34292 US	950 RIDGEWOOD AVE C/O B I R P A VENICE FL 34292-1937 US

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
50-1977510	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent

FULTON, FRED
933 WINDEMERS AVE
VENICE FL 34292

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HORN, ALBERT	
STREET ADDRESS	929 MONTEGO AVE	
CITY-ST-ZIP	VENICE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ANGLE, BARBARA	
STREET ADDRESS	442 BIMINI AVE	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUSCHMANN, LAURETTE	
STREET ADDRESS	928 DESIRADE AVE	
CITY-ST-ZIP	VENICE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEHANICK, RUTH	
STREET ADDRESS	931 HAITI AVE	
CITY-ST-ZIP	VENICE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FULTON, FRED K	
STREET ADDRESS	933 WINDERMERE AVE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERLAND, CLEMENT	
STREET ADDRESS	921 WINDEMERE AVE	
CITY-ST-ZIP	VENICE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENSKE, RICHARD	
STREET ADDRESS	733 YBOR AVE W.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHANK, GORDON	
STREET ADDRESS	1300 S. INDIES CIRCLE	
CITY-ST-ZIP	VENICE FL 34292	
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		
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: Fred K. Fulton REQUIRED FRED K. FULTON 2-10-2000 941-485-8804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)