

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90093 001 ****61.25

DOCUMENT # 754392

1. Entity Name

BAY INDIES RESIDENTS PROTECTIVE ASSOCIATION, INC

Principal Place of Business

950 RIDGEWOOD AVE
C/O B I R P A INC
VENICE FL 34292
US

Mailing Address

950 RIDGEWOOD AVE
C/O B I R P A
VENICE FL 34292
US

910800



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

50-1977510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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)

933 WINDEMERE AVE W
WINDERMERE

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
NAME HORN, ALBERT ☐ Delete
STREET ADDRESS 929 MONTEGO AVE
CITY-ST-ZIP VENICE FL

TITLE D
NAME GENSKE, RICHARD ☒ Delete
STREET ADDRESS 733 YBOR AVE WEST
CITY-ST-ZIP VENICE FL 34292

TITLE SD
NAME BUSCHMANN, LAURETTE ☐ Delete
STREET ADDRESS 928 DESIRADE AVE
CITY-ST-ZIP VENICE, FL 00000

TITLE D
NAME SCHENK, GORDON ☒ Delete
STREET ADDRESS 1300 S INDIES CIRCLE
CITY-ST-ZIP VENICE FL 34292

TITLE TD
NAME FULTON, FRED K ☐ Delete
STREET ADDRESS 933 WINDERMERE AVE
CITY-ST-ZIP VENICE FL 34292

TITLE VD
NAME FERLAND, CLEMENT ☐ Delete
STREET ADDRESS 921 WINDEMERE AVE
CITY-ST-ZIP VENICE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS VENICE FL 34292
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME ED DARRINGTON
STREET ADDRESS 940 BONAIRE AVE W
CITY-ST-ZIP VENICE FL 34292

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS VENICE FL 34292
CITY-ST-ZIP

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS VENICE FL 34292
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-01

941-485-8804

Date

Daytime Phone #

CR2E037 (10/00)