

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756400

1. Entity Name

BAYSHORE OAKS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90137 023 ****61.25

Principal Place of Business Mailing Address
% RIC PRITCHETT % RIC PRITCHETT
6601 BAYSHORE RD / P.O. BOX 2148 6601 BAYSHORE RD / P.O. BOX 2148
FORT MYERS FL 33917 FORT MYERS FL 33917-3304

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1570445

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

PRITCHETT III, RICHARD H.
6601 BAYSHORE RD
NORTH FT MYERS FL 33917

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

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 ☐ Delete

NAME PRITCHETT III, RICHARD H
STREET ADDRESS 6601 BAYSHORE RD
CITY-ST-ZIP NO FT MYERS FL

TITLE VD ☐ Delete

NAME PETERS, ANNE
STREET ADDRESS 18210 SANDY PINE CIR
CITY-ST-ZIP NO FT MYERS FL

TITLE STD ☐ Delete

NAME NAYLOR, PAMELA
STREET ADDRESS 18208 SANDY PINE CIR
CITY-ST-ZIP N FT MYERS FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 13460 Red Maple Circle
CITY-ST-ZIP North Fort Myers FL 33903

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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
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 life empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

941-543-3434

Daytime Phone #

CR2E037 (9/99)