

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2002 8:00 am**
Secretary of State

04-11-2002 90672 004 ****61.25

0083692

DOCUMENT # 756400

1. Entity Name

BAYSHORE OAKS, INC.

Principal Place of Business

Mailing Address

% RIC PRITCHETT
6601 BAYSHORE RD / P.O. BOX 2148
FORT MYERS FL 33917**% RIC PRITCHETT**
6601 BAYSHORE RD / P.O. BOX 2148
FORT MYERS FL 33917

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

59-1570445

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

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 \$61.259. 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **PETERS, ANNE**
STREET ADDRESS **13460 RED MAPLE CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33903**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☐ Delete
NAME **NAYLOR, PAMELA**
STREET ADDRESS **18208 SANDY PINE CIR**
CITY-ST-ZIP **N FT MYERS FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 like empowered.

SIGNATURE:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

4/4/02

Daytime Phone #

941-543-1110

CR2E037 (9/01)