

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758755

1. Entity Name

BAYOU LANE Estates Homeowners Association, Inc.

Principal Place of Business

3280 BAYOU LANE
PENSACOLA, FL 32503

Mailing Address

3280 BAYOU LANE
PENSACOLA, FL 32503

2. Principal Place of Business

3280 BAYOU LANE

3. Mailing Address

3280 BAYOU LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32503

Country

USA

Zip

32503

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAM A. VIVIANO
226 S. PALAFOX ST.
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name

THOMAS C. SADLER

Street Address (P.O. Box Number is Not Acceptable)

3280 BAYOU LANE

City

PENSACOLA

FL

Zip Code

32503

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

Thomas C. Sadler, Treasurer
THOMAS C. SADLER, TREASURER

March 1, 2000

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	D	<input checked="" type="checkbox"/> Delete
NAME	Swaine, Ronald E.	
STREET ADDRESS	P.O. Box 2578	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHORON, William Leo, Jr.	
STREET ADDRESS	3830 N. 11th AVE.	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VIVIANO, SAM A.	
STREET ADDRESS	226 S. PALAFOX ST.	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VIVIANO, FRANCES M.	
STREET ADDRESS	226 S. PALAFOX ST.	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS C. SADLER	
STREET ADDRESS	3280 BAYOU LANE	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES R. SCHRÖDINGER	
STREET ADDRESS	3200 BAYOU LANE	
CITY-ST-ZIP	PENSACOLA, FL 32503	
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		
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:

Thomas C. Sadler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 2000

850-438-8239

Date Daytime Phone #

CR2E037 (9/99)