

2001 UNIFORM BUSINESS REPORT (UBR)

0014746 AF

DOCUMENT # A00000000811

1. Entity Name

BAYBORO ASSOCIATES II, LTD.

Principal Place of Business

2730 CENTRAL AVENUE
ST. PETERSBURG FL 33712

Mailing Address

2730 CENTRAL AVENUE
ST. PETERSBURG FL 33712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

KNAUST, WARREN J ESQ.
C/O KNAUST & VALENTE, P.A.
2730 CENTRAL AVENUE
ST. PETERSBURG FL 33712

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

9. Capital Contributions as Shown on record.

\$30,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
IZZO, GEORGE M
902 NORTH PALM DRIVE
LARGO FL 33770

STREET ADDRESS
CITY-ST-ZIP
5012 Old Henderson Road
Evansville, Ind 47712

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
MOORE, MERRILL
1158 41ST AVENUE N.E.
ST. PETERSBURG FL 33703

STREET ADDRESS
CITY-ST-ZIP
705 Putters Green Way S
Jacksonville, FL 32259

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
800003767998-4

DOCUMENT #
NAME
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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

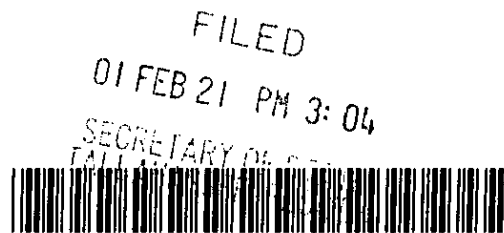
George Izzo 01/22/01

Date

Daytime Phone #

(812)488-1191
(727)581-7499

CR2E003 (11/00)



DO NOT WRITE IN THIS SPACE