

2001 UNIFORM BUSINESS REPORT (UBR)

0018012 AF

DOCUMENT # **A09646**

1. Entity Name

BAYOU BLVD. PROPERTIES, LTD.

FILED

01 FEB 12 AM 10:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2107 AIRPORT BLVD.

2107 AIRPORT BLVD.

P. O. BOX 2245

P. O. BOX 2245

PENSACOLA FL 32513

PENSACOLA FL 32513

2. Principal Place of Business

3. Mailing Address

P.O. Box 2245

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

4. FEI Number

59-2153180

Applied For

Not Applicable

Zip

Country

32513

USA

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

CONNELL, JOHN BAARS

2107 AIRPORT BLVD.

PENSACOLA FL 32504

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.

\$100,000.00

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
**CONNELL, JOHN BAARS
2107 AIRPORT BLVD.
PENSACOLA FL**

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/6/01
Date

850 478 4141
Daytime Phone #

CR2E003 (11/00)