

# 2000 UNIFORM BUSINESS REPORT (UBR)

00101019

<b>DOCUMENT # A93000000295</b>			
1. Entity Name <b>BAYPOINT DEVELOPMENT, LTD.</b>			
Principal Place of Business <b>4173 DOMESTIC AVENUE % AJS REALTY NAPLES FL 34104</b>		Mailing Address <b>4173 DOMESTIC AVENUE % AJS REALTY NAPLES FL 34104-7058</b>	
2. Principal Place of Business <b>2930 IMMOKALEE RD. Ste 4</b>		3. Mailing Address <b>2930 IMMOKALEE RD. Ste 4</b>	
Suite, Apt. #, etc. <b>c/o AJS REALTY</b>		Suite, Apt. #, etc. <b>c/o AJS REALTY</b>	
City & State <b>NAPLES, FL.</b>		City & State <b>NAPLES, FL.</b>	
Zip <b>34110</b>	Country <b>U.S.</b>	Zip <b>34110</b>	Country <b>U.S.</b>
6. Name and Address of Current Registered Agent  <b>AJS DEVELOPMENT CORPORATION 4173 DOMESTIC AVENUE NAPLES FL 34104</b>			
7. Name and Address of New Registered Agent Name <b>AJS DEVELOPMENT CORP.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2930 IMMOKALEE RD. Ste 4</b> City <b>NAPLES</b> FL Zip Code <b>34110</b>			
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 <u><i>[Signature]</i></u> <b>PRES.</b> DATE <b>6/20/00</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. Capital Contributions as Shown on record. <b>\$982,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>P93000010929</b>	NAME <b>AJS DEVELOPMENT CORPORATION</b>	STREET ADDRESS <b>2930 IMMOKALEE RD. Ste 4</b>	
STREET ADDRESS <b>4173 DOMESTIC AVE.</b>		CITY - ST - ZIP <b>NAPLES, FL. 34110</b>	
CITY - ST - ZIP <b>NAPLES FL 34104</b>			
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0391472</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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]* **SIGNATURE** **6/20/00** **941-596-9500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

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