

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0008568  
AT

DOCUMENT # A98000001769

1. Entity Name

BREVARD BAYSIDE PROPERTIES, LTD.

02 APR -8 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

712 PALMETTO AVENUE  
MELBOURNE FL 32901

P.O. BOX 309  
MELBOURNE FL 32902-0309



2. Principal Place of Business

3. Mailing Address

3391 Bayside Lakes BLVD SE E Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

PalM Bay FL

E Same

4. FEI Number

59-3525219

Applied For

Not Applicable

Zip

Country

Zip

Country

32909 Brevard

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

Name

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

City

FL

Zip Code

JEFFERIES, BENJAMIN E  
712 PALMETTO AVENUE  
MELBOURNE FL 32901

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.

DATE

*[Signature]*

4/4/02

9. Capital Contributions  
as Shown on record.

\$3,000,000.00

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 # P98000051208  
NAME BAYSIDE LAKES DEVELOPMENT CORPORATION  
STREET ADDRESS 712 PALMETTO AVENUE  
CITY-ST-ZIP MELBOURNE FL 32901

STREET ADDRESS

3391 Bayside Lakes BLVD SE

CITY-ST-ZIP

PalM Bay, FL 32909

DOCUMENT #  
NAME  
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/4/02  
Date

321  
952-2414  
Daytime Phone #

CP2E003 (9/01)

STATE CHECK HERE