

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001769

1. Entity Name
BREVARD BAYSIDE PROPERTIES, LTD.



Principal Place of Business
3391 BAYSIDE LAKES BLVD.
PALM BAY, FL 32909

Mailing Address
P.O. BOX 309
MELBOURNE, FL 32902-0309

FILED

03 APR 30 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

3391 BAYSIDE LAKES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

PALM BAY, FL

4. FEI Number

59-3525219

Applied For

Not Applicable

Zip

Country

Zip

Country

32909

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEFFERIES, BENJAMIN E
712 PALMETTO AVENUE
MELBOURNE, FL 32901

*THIS IS AN ADDRESS
CORRECTION, NOT A
CHANGE. SEE ABOVE
PRINCIPAL PLACE OF
BUSINESS.*

7. Name and Address of New Registered Agent

Name

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

3391 BAYSIDE LAKES BLVD.

City

PALM BAY

FL

Zip Code

32909

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 FL 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

DOCUMENT # **P98000051208**
NAME **BAYSIDE LAKES DEVELOPMENT CORPORATION**
STREET ADDRESS **3391 BAYSIDE LAKES BLVD.**
CITY-ST-ZIP **PALM BAY, FL 32909**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

0000017610630

04/30/03--01101--007 **526.25

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

BENJAMIN E. JEFFERIES

Date

Daytime Phone #

4/24

321-952-2414

STAPLE CHECK HERE

CR2E003 (10/02)