

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F16276

1. Entity Name

BAY INSURORS CORPORATION

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90025 003 \*\*\*150.00

Principal Place of Business

Mailing Address

6718 N. HIMES AVE  
STE. B  
TAMPA FL 33614

PO BOX 15335  
TAMPA FL 33684-5335  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2057491

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

WREN, ELSIE L.  
6718 N. HIMES AVENUE  
SUITE B  
TAMPA FL 33614

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. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DALSON, WILLIAM	
STREET ADDRESS	35237 JANINE DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	V	<input type="checkbox"/> Delete
NAME	DALSON, EVELYN	
STREET ADDRESS	35237 JANINE DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	ST	<input type="checkbox"/> Delete
NAME	YOUNG, GLOYD	
STREET ADDRESS	4051 RED FOX CT	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543	
TITLE	P	<input type="checkbox"/> Delete
NAME	YOUNG, CYNTHIA L	
STREET ADDRESS	4051 RED FOX CT	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543	
TITLE	D	<input type="checkbox"/> Delete
NAME	WREN, ELSIE L	
STREET ADDRESS	35237 JANINE DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Cynthia L. Young* President 2/2/00

CR2E034 (9/99)