

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F27998

1. Entity Name

BAYSIDE MANAGEMENT, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90078 019 ***150.00

Principal Place of Business

Mailing Address

~~75501 OVERSEAS HIGHWAY~~
 POST OFFICE BOX 26
 ISLAMORADA FL 33036

~~75501 OVERSEAS HIGHWAY~~
 POST OFFICE BOX 26
 ISLAMORADA FL 33036-0026

2. Principal Place of Business

3. Mailing Address

75500 Overseas Hwy
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2463768

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

ASKEW, JEANNE F.

~~875 S COCONUT PALM BL~~
 TAVERNIER FL 33070

Name

Jeanne F. Askew

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

115 Bee Street

City

Tavernier

FL

Zip Code

33070

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 ☐ Delete
 NAME PST
 STREET ADDRESS ASKEW, JEANNE F.
 CITY-ST-ZIP 115 BEE STREET
 TAVERNIER FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ASKEW, JEANNE F.
 CITY-ST-ZIP 115 BEE STREET
 TAVERNIER FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME *vn*
 STREET ADDRESS *Askew, William*
 CITY-ST-ZIP *115 Bee St*
Tavernier FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Jeanne Askew

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/2000

Daytime Phone #

305 104-8031

CR2E034 (9/99)