

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**  
 09-17-2001 90008 018 \*\*\*150.00

U10610 AI

**DOCUMENT # F27998**

1. Entity Name  
**BAYSIDE MANAGEMENT, INC.**

*LA*

Principal Place of Business

~~7550 OVERSEAS HIGHWAY,  
 POST OFFICE BOX 26,  
 ISLAMORADA FL 33036~~

Mailing Address

7550 OVERSEAS HIGHWAY  
 POST OFFICE BOX 26  
 ISLAMORADA FL 33036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**564 ORANGE DR**  
 Suite, Apt. #, etc.  
**#36**

3. Mailing Address

**564 ORANGE DR.**

City & State

**ALTAMONTE SPRS FL**

City & State

Zip

**32701**

Country

**US**

Zip

Country

4. FEI Number

**59-2463768**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ASKEW, JEANNE F.**  
**115 BEE ST**  
**TAVERNIER FL 33076**

7. Name and Address of New Registered Agent

Name **WILLIAM N. ASKEW**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3041 NICHOLSON DR.**  
 City **WINTER PARK** FL Zip Code **32792**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	ASKEW, JEANNE F.	
STREET ADDRESS	<del>115 BEE STREET</del> <b>3041 NICHOLSON DR</b>	
CITY-ST-ZIP	<del>TAVERNIER FL</del> <b>WINTER PARK FL</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ASKEW, WILLIAM N.	
STREET ADDRESS	<del>115 BEE STREET</del> <b>11</b>	
CITY-ST-ZIP	<del>TAVERNIER FL</del> <b>32792</b>	
TITLE	PST	<input type="checkbox"/> Delete
NAME	ASKEW, JEANNE F	
STREET ADDRESS	<del>115 BEE ST</del> <b>1501</b>	
CITY-ST-ZIP	<del>TAVERNIER FL</del>	
TITLE	VN	<input type="checkbox"/> Delete
NAME	ASKEW, WILLIAM	
STREET ADDRESS	<del>115 BEE ST</del> <b>11</b>	
CITY-ST-ZIP	<del>TAVERNIER FL</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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

**V. PRES**

Date

**09/12/01**

Daytime Phone #

**4073391705**

CR2E034 (5/01)