

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97984

1. Entity Name

BAYBORO BOOKS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90014 031 ***150.00

Principal Place of Business Mailing Address
1255 BRIGHTWATERS BLVD. NE 1255 BRIGHTWATERS BLVD. NE
ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704-3727

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2214205**

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

BALLARD MARION UPHAM
1255 BRIGHTWATERS BLVD. NE
ST. PETERSBURG FL 33704

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]

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

(NOTE: Registered Agent signature required when reinstating)

1/6/00

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	VD	<input type="checkbox"/> Delete
NAME	RUCKER, MARIANNE	
STREET ADDRESS	2636 COFFEE POT BLVD NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BALLARD, MARION U	
STREET ADDRESS	1255 BRIGHTWATERS BLVD. NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALLACE, SARA C	
STREET ADDRESS	1338 MONTICELLO B1 NO	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BABCOCK, SUZANNE P.	
STREET ADDRESS	4838 PARADISE WAYS	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #