

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H00826

1. Entity Name

BATES DEVELOPING COMPANY

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90086 010 ***150.00

Principal Place of Business

Mailing Address

3919 CRYSTAL LAKE DR
SUITE 407
POMPANO BEACH FL 33064
US

11042 DENIS
FAIR HAVEN MI 48023-1626

2. Principal Place of Business

3. Mailing Address

2401 NE 36 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 105

City & State

City & State

LIGHTHOUSE POINT, FL

Zip

Country

Zip

Country

33064

U.S.

4. FEI Number 59-2396892

Applied For

Not Applicable

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

TORRES, JAMES L
ALPIZAR, VILLE, ET AL
1528 PALM BAY ROAD NE
PALM BAY FL 32905

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 PD ☐ Delete
NAME BATES, WILLIAM L, JR.
STREET ADDRESS 2401 NE 36TH STREET #105
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

WILLIAM L. BATES, JR.

SIGNATURE: William L. Bates, Jr. PRES. PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2000 (954) 781-1921

Date Daytime Phone #

CR2E034 (9/99)