

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90096 022 \*\*\*150.00

**DOCUMENT # H52050**

**1. Entity Name**  
**BAY REALTY OF ENGLEWOOD, INC.**

**Principal Place of Business**

**1231 BEACH ROAD**  
**ENGLEWOOD FL 34223-4207**

**Mailing Address**

**1231 BEACH ROAD**  
**ENGLEWOOD FL 34223-4207**

**2. Principal Place of Business**

**1980 KINGS HIGHWAY**

Suite, Apt. #, etc.

**3. Mailing Address**

**1980 KINGS HIGHWAY**

Suite, Apt. #, etc.

**City & State**

**PORT CHARLOTTE FL**

**City & State**

**PORT CHARLOTTE FL**

**Zip**

**33980**

**Country**

**CHARLOTTE**

**Zip**

**33980**

**Country**

**CHARLOTTE**

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**59-2520302**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ROBY, F. GENE**  
**1231 BEACH ROAD**  
**ENGLEWOOD FL 34223**

**7. Name and Address of New Registered Agent**

**Name**

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

**1980 KINGS HIGHWAY**

**City**

**PORT CHARLOTTE**

**FL**

**Zip Code**

**33980**

**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**

**F. GENE ROBY**  
**F. Gene Roby**

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4/26/02**

**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, 2002 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**

**TITLE** **PD** ☒ **Delete**  
**NAME** **ROBY, F. GENE**  
**STREET ADDRESS** **1231 BCH RD**  
**CITY-ST-ZIP** **ENGLEWOOD FL 34223**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☒ **Change** ☐ **Addition**  
**NAME** **ROBY, F. GENE**  
**STREET ADDRESS** **1980 KINGS HIGHWAY**  
**CITY-ST-ZIP** **PORT CHARLOTTE FL 33980**

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

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

**TITLE** ☐ **Change** ☐ **Addition**  
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**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**4/26/02 941-468-4509**

CR2E034 (9/01)