

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H78833

1. Entity Name

BAYFRONT ENTERPRISES, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90130 014 ***158.75

Principal Place of Business

Mailing Address

C/O SUE G. BRODY
701 6TH STREET SOUTH
ST. PETERSBURG FL 33701
US

C/O SUE G. BRODY
701 6TH STREET SOUTH
ST. PETERSBURG FL 33701-4814
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2592872**

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

BRODY, SUE G.
701 SIXTH STREET SOUTH
ST. PETERSBURG FL 33701

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 **P** ☐ Delete
NAME **BRODY, SUE G**
STREET ADDRESS **701 6TH ST SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **EVP** ☒ Delete
NAME **KRAUSS, JAMES D.**
STREET ADDRESS **701 6TH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Delete
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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 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

SUE G. BRODY

02/02/00

(727) 893-6015

Date

Daytime Phone #