

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90048 030 \*\*\*150.00

**DOCUMENT # K18715**

**1. Entity Name**  
**ARGYLE BAYPOINTE ASSOCIATES, INC.**

**Principal Place of Business**  
P.O. BOX 56350  
JACKSONVILLE FL 32241-6350

**Mailing Address**  
8917 WESTERN WAY  
#6  
JACKSONVILLE FL 32256  
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** 59-2882548

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**

**MCGRUFF, W A III**  
**4190 BELFORT RD**  
**SUITE 475**  
**JACKSONVILLE FL 32216**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.


**11. OFFICERS AND DIRECTORS**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGRUFF, W. A. III	
STREET ADDRESS	4190 BELFORT RD, SUITE 475	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCGRUFF, W. A. III	
STREET ADDRESS	4190 BELFORT RD., SUITE 475	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONN, JEFFREY A.	
STREET ADDRESS	8917 WESTERN WAY, SUITE 6	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	KELLY, PAMELA H.	
STREET ADDRESS	3114 MERLIN DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	
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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STREET ADDRESS		
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)(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:**  **Jeffrey A. Conn**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*February 22, 2002* *363-9002*

CR2E034 (9/01)