

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
 04-13-2000 90029 001 ***150.00

DOCUMENT # K66665

1. Entity Name

BAY HILL ATHLETIC CLUB, INC.

Principal Place of Business

Mailing Address

4732-A S. KIRKMAN RD.
 ORLANDO FL 32811
 US

280 ST. RD 434
 #1049
 ALTAMONTE SPRINGS FL 32714-3859
 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

59-2943021

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

**PALLUCK, BERNARD F.
 102 SWEETWATER CLUB BLVD.
 LONGWOOD FL 32779**

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	VP	<input type="checkbox"/> Delete
NAME	PALLUCK, BERNARD F	
STREET ADDRESS	102 SWEETWATER CLUB BLVD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JENKINS, WENDY	
STREET ADDRESS	6118 GAMBLE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PALLUCK EDDIE M.	
STREET ADDRESS	102 SWEETWATER CLUB BLVD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAM, CAROL	
STREET ADDRESS	1440 ANDERSON ST.	
CITY-ST-ZIP	DELTONA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAHN, MARESSA	
STREET ADDRESS	8203 CHELSWORTH DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEARON, LISA	
STREET ADDRESS	1162-A PASEO DEL MAR	
CITY-ST-ZIP	CASSELBERRY FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 states like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)