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**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

03-10-2002 90764 001 \*\*\*200.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L00000005265**

1. Entity Name

BAYFAIR ASSOCIATES, LLC

Principal Place of Business

3717 NORTH B STREET  
TAMPA FL 33609

Mailing Address

3717 NORTH B STREET  
TAMPA FL 33609

24760

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3643677

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, RANDELL M  
 315 SOUTH HYDE PARK AVENUE  
 TAMPA FL 33606

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
 Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME PRES. MORRIS, J. MICHAEL  
 STREET ADDRESS 3717 NORTH B STREET  
 CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

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

TITLE NAME SEC SEIDENBERG, DAVID G  
 STREET ADDRESS 3717 NORTH B STREET  
 CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

2/6/02

813-875-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)