

*** Amended ***
LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED

05-07-2002 90389 007 *****50.00

02 OCT 11 AM 10:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # ~~L000000005265~~

1. Entity Name

BAYFAIR ASSOCIATES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3717 NORTH B STREET

Suite, Apt. #, etc.

3. Mailing Address

3717 NORTH B STREET

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FBI Number

59-3643677

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

33609

Country

USA

Zip

33609

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MILLER, DANDELL M.

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

315 SOUTH HYDE PARK AVE

City

TAMPA

FL

Zip Code

33606

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 11

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
DAVID G. SEIDENBERG
3717 NORTH B STREET
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
ERNEST L. ANGELILLI
3717 NORTH B STREET
TAMPA, FL 33609

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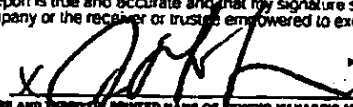
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-23-02 (813) 975-3800

Date

Original Phone #

CR2003B (12/01)