

2001 UNIFORM BUSINESS REPORT (UBR)

0020751 AF

DOCUMENT # L00000005587

1. Entity Name
BAY'S MERE COMPANY, LLC

FILED

01 FEB 22 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7887 VIZCAYA WAY
NAPLES FL 34108

Mailing Address
7887 VIZCAYA WAY
NAPLES FL 34108

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
59-3647951

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

SIGEL, LLOYD M
7887 VIZCAYA WAY
NAPLES FL 34108

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PARTNER
Lloyd M. Sigel MGRM
7887 VIZCAYA WAY
NAPLES FL 34108

PARTNER
HOWARD G. STACKER MGRM
900 2ND AVE SW
MINNEAPOLIS MN 55402

000003768670--6
-02/26/01--0150-002
*****50.00 *****50.00

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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: *Lloyd M. Sigel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/7/01 941-513-0262
Date Daytime Phone #

CR2E083 (11/00)