

2001 UNIFORM BUSINESS REPORT (UBR)

0019399 AF

DOCUMENT # L000000007653

1. Entity Name

AMI BAYSHORE DEVELOPMENT LLC

FILED

01 JUL -2 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

775 SOUTH ILAKEE AVENUE
LAKE ALFRED FL 33850

Mailing Address

775 SOUTH ILAKEE AVENUE
LAKE ALFRED FL 33850



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

59-3658688

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

DYKXHOORN, JACOB C
130 EAST CENTRAL AVENUE
LAKE WALES FL 33853

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

200004476932-9
-07/16/01--01044--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME H. LYNN HAZLETT
STREET ADDRESS 775 S. ILAKEE AVE.
CITY-ST-ZIP LAKE ALFRED, FL 33850

TITLE MGRM ☐ Change ☐ Addition
NAME HARRY NIKIAS
STREET ADDRESS 1649 GULF DRIVE, NORTH
CITY-ST-ZIP BRADENTON BEACH, FL 34217

TITLE MGRM ☐ Delete
NAME HARRY NIKIAS
STREET ADDRESS 1649 GULF DRIVE
CITY-ST-ZIP BRADENTON BEACH, FL 34217

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/01

CR2E083 (11/00)