

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L20980

1. Entity Name

BAYSIDE HOLDINGS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90059 004 ***150.00

Principal Place of Business

Mailing Address

401 E CHASE ST
STE 105
PENSACOLA FL 32501
US

P.O. BOX 940
GULF BREEZE FL 32562-0940
US

839041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

17 W Cedar Street
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pensacola FL

City & State

4. FEI Number 59-2999093

Applied For
Not Applicable

Zip 32501 Country USA

Zip

Country

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

BRANNEN, DAVID A

~~401 E CHASE ST~~ 17 W Cedar St
STE 105-2
PENSACOLA FL 32501

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 D
NAME LEVIN, ALLEN R.
STREET ADDRESS 2200 VIA DELUNA
CITY-ST-ZIP PENSACOLA BEACH FL 32561 ☐ Delete

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

TITLE P
NAME BRANNEN, DAVID A
STREET ADDRESS 401 E CHASE ST STE 105
CITY-ST-ZIP PENSACOLA FL ☐ Delete

TITLE
NAME
STREET ADDRESS 17 W Cedar St Suite 2
CITY-ST-ZIP Pensacola FL 32501 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/24/00 Daytime Phone # 850-434-7700

CR2E034 (9/99)