

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L71862

1. Entity Name  
BAYWOOD FOREST, INC.

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90025 004 \*\*\*150.00

Principal Place of Business

478 CLUB DRIVE  
WINTER SPRINGS FL 32708  
US

Mailing Address

478 CLUB DRIVE  
WINTER SPRINGS FL 32708  
US

2. Principal Place of Business

24 SUNNYSIDE DRIVE  
Suite, Apt. #, etc.

3. Mailing Address

24 SUNNYSIDE DRIVE  
Suite, Apt. #, etc.

City & State

CLERMONT, FLORIDA

City & State

CLERMONT, FLORIDA

4. FEI Number

59-3020265

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

34711

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALFREDO PLASTEREK  
478 CLUB DR  
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

ALFREDO PLASTEREK

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

24 SUNNYSIDE DRIVE

City

CLERMONT

FL

Zip Code

34711

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, 2002 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

TITLE ☐ Delete  
NAME D PLASTEREK, ALFREDO A  
STREET ADDRESS 478 CLUB DRIVE  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME D PLASTEREK, ALFREDO A.  
STREET ADDRESS 24 SUNNYSIDE DRIVE  
CITY-ST-ZIP CLERMONT, FLORIDA 34711

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

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

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

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

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

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: Alfredo Plasterек ALFREDO PLASTEREK,  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

4-26-02 (352) 341-8027  
Date Daytime Phone #

CR2E034 (9/01)