

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000032

1. Entity Name

BAY INVESTMENTS OF PALM COAST L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business

21 OLD KINGS ROAD N
SUITE B101
PALM COAST FL 32137

Mailing Address

5 DRIFTWOOD LANE
LYNNFIELD MA 01940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

200 BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

303

City & State

LYNNFIELD MA

4. FEI Number

04-3346951

Applied For

Not Applicable

Zip

Country

Zip

Country

01940

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name:

WILLIAM HARKINS

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

C/O BAY INVESTMENTS OF PALM COAST

21 OLD KINGS ROAD N

City

PALM COAST

FL

Zip Code

32137

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.

WILLIAM HARKINS

(NOTE: Registered Agent signature required when reinstating)

7/28/00
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KAAN, VALERIE
5 DRIFTWOOD LANE
LYNNFIELD MA 01940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KAAN, GLORIA A
5 DRIFTWOOD LANE
LYNNFIELD MA 01940 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KAAN VALERIE
200 BROADWAY #303
LYNNFIELD MA 01940 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003351202--9
-08/09/00--01086--017
*****55.00 *****55.00 ☐ Change ☐ Addition

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

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

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

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

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:

Valerie E. KAN VALERIE E KAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7/28/00 781-592-7610

CR2E083 (5/00)