

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90072 028 \*\*\*\*50.00

0065388

**DOCUMENT # L99000001164**

1. Entity Name  
**BAY4 CAPITAL, LLC**



Principal Place of Business  
**101 PHILIPPE PARKWAY, SUITE 300  
SAFETY HARBOR FL 34695**

Mailing Address  
**101 PHILIPPE PARKWAY, SUITE 300  
SAFETY HARBOR FL 34695**

2. Principal Place of Business  
**Same as above**

3. Mailing Address  
**Same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3559961**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIDDINGER, CLAY M  
101 PHILIPPE PARKWAY, SUITE 300  
SAFETY HARBOR FL 34695**

Name

**No change**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **N/A**  
Signature, typed or printed name of registered agent and title if applicable.

**No change.**  
(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR / President** ☐ Delete  
NAME **BIDDINGER, CLAY M**  
STREET ADDRESS **101 PHILIPPE PARKWAY, STE. 300**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **President / Mgr** ☒ Change ☐ Addition  
NAME **clay m Biddinger**  
STREET ADDRESS **2841 cobbleslane Dr.**  
CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Secretary**  
STREET ADDRESS **Christopher R. Sullivan**  
CITY-ST-ZIP **738 Harbor Island**  
**Clearwater, FL 33767**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: **Braton Cole** **4/8/03** **(777) 216-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **X246**

CR2E083 (10/02)