

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001341

1. Entity Name

BAYSHORE PROFESSIONAL CENTRE, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:40

2/3/20



DO NOT WRITE IN THIS SPACE

Principal Place of Business

12230 FOREST HILL BLVD., SUITE 103
WELLINGTON FL 33414

Mailing Address

12230 FOREST HILL BLVD., SUITE 103
WELLINGTON FL 33414-5773

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0901727

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

WITKOWSKI, RONALD ESQ.

12798 WEST FOREST HILL BLVD., SUITE 202
WELLINGTON FL 33414

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

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ELLIOTT, RICHARD C
12230 FOREST HILL BLVD., SUITE 103
WELLINGTON FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
3000003188963--4
-03/29/00--01024
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ADAMS, KENNETH M
12230 FOREST HILL BLVD., SUITE 103
WELLINGTON FL 33414 ☐ Delete

TITLE
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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 OR MANAGER

Date

Daytime Phone #

Kenneth M. Adams Pres

SIGNATURE RECORDED

3/13/00

(561) 371-9199

CR2E083 (9/99)