

2000 UNIFORM BUSINESS REPORT (UBR)

0017260 AB

DOCUMENT # L99000001896

1. Entity Name
BAYTREE IV, LLC

Principal Place of Business
314 LAFAYETTE ROAD
HAMPTON NH 03842

Mailing Address
314 LAFAYETTE ROAD
HAMPTON NH 03842-2145

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

PO Box 2062

Suite, Apt. #, etc.

City & State

NEW CASTLE, NH

Zip

03854

Country

USA

4. FEI Number

02-0506891

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, GEORGE G JR.
756 BEACHLAND BOULEVARD
VERO BEACH FL

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NIGRELLI, THOMAS L	
STREET ADDRESS	314 LAFAYETTE ROAD	
CITY- ST- ZIP	HAMPTON NH 03842	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NIGRELLI, JOYCE L	
STREET ADDRESS	314 LAFAYETTE ROAD	
CITY- ST- ZIP	HAMPTON NH 03842	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

Thomas Nigrelli, Manager

Date

1/7/00 60396-7700x13

Daytime Phone #

CR2E083 (9/99)