

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002399

1. Entity Name
BAYWAY DOTHAN, LLC

Principal Place of Business
3802 S. WEST SHORE BOULEVARD
TAMPA FL 33611

Mailing Address
3802 S. WEST SHORE BOULEVARD
TAMPA FL 33611-1002



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

59-3571903

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

mm

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, MARK E
3802 S. WEST SHORE BOULEVARD
TAMPA FL 33611

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 MGR
STREET ADDRESS MILLER, MARK E
CITY- ST- ZIP 3802 S. WEST SHORE BOULEVARD
TAMPA FL 33611

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
300003236919--2
-05/03/00--01067--009
*****50.00 *****50.00

TITLE NAME MGR
STREET ADDRESS ZARITY, STEVEN R
CITY- ST- ZIP 3802 S. WEST SHORE BOULEVARD
TAMPA FL 33611

TITLE NAME
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CITY- ST- ZIP

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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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Mark E. Miller

Date

Daytime Phone #

4/13/00 (813) 859-7500