

# 2000 UNIFORM BUSINESS REPORT (UBR)

0011362 AF

DOCUMENT # L99000003315

1. Entity Name  
BAY CROSSING, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:51

*mf327*



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
28044 CAVENDISH COURT, UNIT 5804  
BONITA SPRINGS FL 34135

Mailing Address  
28044 CAVENDISH COURT, UNIT 5804  
BONITA SPRINGS FL 34135-2465

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

53-3593053

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAHAN, LEROY  
28044 CAVENDISH, UNIT 5804  
BONITA SPRINGS FL 34135

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  
O'MALLEY, R M  
27030 ENCLAVE DRIVE  
BONITA SPRINGS FL

☐ Delete

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

TITLE  
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STREET ADDRESS  
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MGRM  
MAHAN, LEROY  
28044 CAVENDISH COURT, UNIT 5804  
BONITA SPRINGS FL

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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:

*Leroy Mahan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-18-00

Date

941-947-8234

Daytime Phone #