

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90029 049 *****55.00

DOCUMENT # L99000003315

1. Entity Name

BAY CROSSING, L.C.

Principal Place of Business

28044 CAVENDISH COURT, UNIT 5804
 BONITA SPRINGS FL 34135

Mailing Address

28044 CAVENDISH COURT, UNIT 5804
 BONITA SPRINGS FL 34135

902302

2. Principal Place of Business

26251 S. Tamiami Trail
 Suite 6

3. Mailing Address

26251 S. Tamiami Trail
 Suite 6



DO NOT WRITE IN THIS SPACE

City & State

Bonita Springs FL

City & State

Bonita Springs FL

4. FEI Number

53-3593053

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Leroy Mahan

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
 Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
 NAME O'MALLEY, R M
 STREET ADDRESS 27030 ENCLAVE DRIVE
 CITY-ST-ZIP BONITA SPRINGS FL

☐ Delete

TITLE MGRM
 NAME MAHAN, LEROY
 STREET ADDRESS 28044 CAVENDISH COURT, UNIT 5804
 CITY-ST-ZIP BONITA SPRINGS FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

☒ Change ☐ Addition

4021 Arrowwood Ct
 Bonita Springs FL 34134

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-7-02 941 947 8234

CR2E083 (9/01)