

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003573

1. Entity Name

THE BAIT HOUSE, LC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -0 AM 10:02

Amended

mf



DO NOT WRITE IN THIS SPACE

Principal Place of Business

45 CAUSEWAY BLVD.
CLEARWATER FL 33767

Mailing Address

45 CAUSEWAY BLVD.
CLEARWATER FL 33767

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

59-3582419

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, C.A.
400 NORTH TAMPA STREET, SUITE 2300
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Charles J. Pollick

Street Address (P.O. Box Number is Not Acceptable)

414 Belle Isle

City

Belleair Beach

FL

Zip Code

33786

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/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
POLLUCK, CHARLES J
45 CAUSEWAY BLVD.
CLEARWATER FL 33767 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
POLLUCK, SANDRA
45 CAUSEWAY BLVD.
CLEARWATER FL 33767 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
800003359458--3
-08/16/00--01064--007
*****50.00 *****50.00
☐ Change ☐ Addition

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

TITLE
NAME
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CITY - ST - ZIP
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7-10-00

Date

727-446-6723

Daytime Phone #

CR2E083 (5/00)