2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900003809 CLEVELAND & MYRTLE, L.C.					FILED			
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520 4TH STREET NORTH 520 4TH STRE			P DEVELOPMENT, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address							-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		,, <u>1-</u> 20	. DO NOT WRITE IN THIS SPACE			
City & State		City & State		ę.	4. FEI Number			lied For A
Zip	Country	Zip	Country	,	5. Certificate of Status Desired	L Fe	.00 Addit	ional
	6. Name and Address of Current	Registered Agent	-	Name	7. Name and Address of New	Registered Age	ent	
MCCALL, JOHN M C/O BAYCORP DEVELOPMENT, INC.				Street Address (P.O. Box Number is Not Acceptable)				
520 4TH STREET NORTH ST. PETERSBURG FL 33701				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 Ag	gent signature required	d when reinstating)	DATE		
		FILE NO Make Check Pay		EE IS \$50.00 Department of	f State			
9.	MANAGING MEMBI	ERS/MEMBERS	10.		ADDITION	S/CHANGES		
TITLE	MGR	Delete	TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ctrange	
NAME	MCCALL, JOHN M		NAME	Ì	40000		⊃⊙4.	
STREET ADDRESS	520 4TH STREET NORTH	•		ADDRESS	-02/i)	062()13 ·
CITY-ST-ZIP	ST. PETERSBURG FL 33701	····	CITY- \$T	T-ZIP		£*50.00		
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NAME STREET ADDRESS		-	NAME STREET A					
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CITY- 87- ZIP TITLE WAME STREET ADDRESS		Ocieta	TITLE NAME STREET			С	Change	□
CITY-ST-ZIP LOLE MAME STREET ADDRESS		□ Delete	CITY- 81- TITLE NAME STREET				Change	<u> </u>
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and billty company or the receiver or trusted	that my signature shall have the	the exemp	otion stated in Se	nade under oath: that I am a man			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF STOTNING MANAGING MEMBER OR MANAGER Date Daystime Phone #								