

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000006770

1. Entity Name
BAY DEVELOPMENT COMPANY, L.L.C.

FILED

01 MAR 30 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
520 COMMERCE DRIVE
PANAMA CITY FL 32408

Mailing Address
PO BOX 27879
PANAMA CITY FL 32411-7879



DO NOT WRITE IN THIS SPACE

AMJH

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3603698

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

AMIS, NANCY R
520 COMMERCE DRIVE
PANAMA CITY FL 32408

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
AMIS, NANCY R
520 COMMERCE DRIVE
PANAMA CITY FL 32408

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
RUSSELL, JEFF
520 COMMERCE DRIVE
PANAMA CITY FL 32408

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: *Nancy R. Amis* NANCY R. AMIS

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

3/26/01 (770) 447-9490

Date

Daytime Phone #

CR2E083 (11/00)