

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007800

1. Entity Name
BAY TO BAY EXECUTIVES, L.L.C.

FILED

01 OCT 25 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2401 S. DALE MABRY HWY
TAMPA FL 33629

Mailing Address

2401 S. DALE MABRY HWY
TAMPA FL 33629

2. Principal Place of Business

3708 W. Bay to Bay Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa FL
Zip 33629

City & State

Zip 33629

Country

4. FEI Number
59-3712965

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, BARBARA W
2401 S. DALE MABRY HWY.
TAMPA FL 33629

(new address) →

7. Name and Address of New Registered Agent

Name

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

3708 W. Bay to Bay Blvd

City

Tampa

FL

Zip Code

33629

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

400004666724-8
-11706701--01003--021
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM
NAME WILLIAMS, BARBARA W
STREET ADDRESS 2401 S. DALE MABRY HWY.
CITY-ST-ZIP TAMPA FL 33629

☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Address change only
3708 W. Bay to Bay Blvd
Tampa FL 33629

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ 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: Barbara Williams 9/9/1 813-837-9300

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

Date

Daytime Phone #

0018014 AF

CR2E083 (11/00)