

2001 UNIFORM BUSINESS REPORT (UBR)

0019288 AF

DOCUMENT # L99000007989

1. Entity Name

BAYOU BAY ADVENTURES, LLC

FILED *W/3/26*

01 MAR 26 PM 12:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

~~46 FOURTH ST., S.W.~~
~~WINTER HAVEN FL 33880~~

~~46 FOURTH ST., S.W.~~
~~WINTER HAVEN FL 33880~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

505 Ave. A NW

3. Mailing Address

P.O. Box 153

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3rd Floor

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

Country

33880

US

Zip

33882-0153

Country

USA

4. FEI Number

59-3611694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KALOGRIDIS, STEPHEN H

46 FOURTH ST., S.W.

WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name Stephen H. Kalogridis

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

505 Ave. A NW 3rd Floor

City Winter Haven

FL

Zip Code

33880

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

Stephen H. Kalogridis

(NOTE: Registered Agent signature required when reinstating)

3-21-01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM
NAME KALOGRIDIS, STEPHEN H
STREET ADDRESS 46 FOURTH ST., S.W.
CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE MGRM
NAME Kalogridis, Stephen H. ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 153
CITY-ST-ZIP Winter Haven, FL 33882-0153

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

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

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

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

Date

Daytime Phone #

3-21-01 (863) 291-8648

CR2E083 (11/00)