

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0028241
AF

DOCUMENT # L99000008641

1. Entity Name
BAY VISTA APARTMENTS, L.L.C.

01 MAY -1 PM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4002 S. MANHATTAN AVE.
TAMPA FL 33611

Mailing Address
P.O. BOX 18082
TAMPA FL 33679



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5041 W. CYPRESS ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

City & State
TAMPA FL

City & State

4. FEI Number
59-3612054

Applied For
Not Applicable

Zip
33607

Country
US

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

MERRILL, RANDOLPH S
3322 N. SAN MIGUEL STREET
TAMPA FL 33629

Name
RANDOLPH S. MERRILL

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

5041 W. CYPRESS ST STE 300

City
TAMPA

FL

Zip Code
33607

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]* MGR
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-13-01

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
MGR
MERRILL, RANDOLPH S
3322 SAN MIGUEL STREET
TAMPA FL 33629 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RANDOLPH S. MERRILL
5041 W. CYPRESS ST. STE 300
TAMPA FL 33607 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

4-13-01

813-361-9520

Date

Daytime Phone #

CR2E083 (11/00)