

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **MO1000001160**

1. Entity Name

BAYSIDE CONCOURSE DEVELOPERS, L.L.C.

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90117 033 ****50.00

Principal Place of Business

1750 S. BRENTWOOD BLVD., STE. 701
ST. LOUIS MO 63144

Mailing Address

1750 S. BRENTWOOD BLVD., STE. 701
ST. LOUIS MO 63144

2. Principal Place of Business

15500 LIGHT WAVE DRIVE

3. Mailing Address

15500 ROOSEVELT BLVD

Suite, Apt. # etc.

Suite, Apt. #, etc.

STE 303

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33760

Country

USA

Zip

33760

Country

USA

4. FEI Number

59-3705320

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STEPHEN HOLSTG
MANAGING MEMBER
☐ Delete
STEPHEN HOLSTG
1750 S. BRENTWOOD BLVD # 701
ST. LOUIS, MO 63144

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
☐ Delete
LESLIE A. RUBIN
15500 ROOSEVELT BLVD #303
CLEARWATER, FL 33760

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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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:

LESLIE A. RUBIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-16-02

72-7-530-0021

CR2E083 (9/01)