

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90068 037 *****50.00

0070323

DOCUMENT # M01000001205

1. Entity Name

BAYVIEW FINANCIAL GROUP, LLC



Principal Place of Business

**320 WALWORTH LANE
EUTAWVILLE SC 29048**

Mailing Address

**320 WALWORTH LANE
EUTAWVILLE SC 29048**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **57-1073732**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JARVIS, JUDITH A P.A.
2701 WEST OAKLAND PARK BOULEVARD, STE 230
FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name **Judith Jarvis, PA**

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

1260 E. Oakland Park BLVD

Suite 200

City **Ft. Lauderdale**

FL

Zip Code

33334

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Juan A Jarvis
Signature, typed or printed name of registered agent and title if applicable.

JUDITH A. JARVIS
(NOTE: Registered Agent signature required when reinstating)

1/13/03
DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BAETZ, DOUGLAS R**
STREET ADDRESS **3066 N. ATLANTIC BLVD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **MGRM** ☐ Delete
NAME **GALLANT, GLENN M**
STREET ADDRESS **320 WALWORTH LANE**
CITY-ST-ZIP **EUTAWVILLE SC 29048**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

1/13/03
Date

(954) 630-0001
Daytime Phone #

CR2E083 (10/02)