

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90353 010 \*\*\*150.00

**DOCUMENT # M57422**

1. Entity Name  
**BAYSIDE PLAZA, INC.**

Principal Place of Business  
**C/O W. ALLEN MORRIS**  
**1000 BRICKELL AVE.. #1200**  
**MIAMI FL 33131**

Mailing Address  
**C/O W. ALLEN MORRIS**  
**1000 BRICKELL AVE.. #1200**  
**MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0048964**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MORRIS, W. ALLEN**  
**1000 BRICKELL AVE. #1200**  
**MIAMI FL 33131**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DP	<input type="checkbox"/> Delete
NAME	MORRIS, W. ALLEN	
STREET ADDRESS	1000 BRICKELL AVE. #1200	
CITY-ST-ZIP	MIAMI FL	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, BILL G.	
STREET ADDRESS	1000 BRICKELL AVE. #300	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, LELAND	
STREET ADDRESS	1000 BRICKELL AVE. #300	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WHITE, PAUL L	
STREET ADDRESS	1000 BRICKELL AVE # 1200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRAHAM, DALE I	
STREET ADDRESS	1000 BRICKELL AVE # 1200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, DIANE C	
STREET ADDRESS	1000 BRICKELL AVE # 1200	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. NOEL COLLINS	
STREET ADDRESS	1000 BRICKELL AVE. #300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)