

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M73172

1. Entity Name  
TRADERS BAY COMPANY, INC.

Principal Place of Business  
2800 PONCE DE LEON BLVD.  
ST. AUGUSTINE FL 32084-3627  
US

Mailing Address  
2800 PONCE DE LEON BLVD.  
ST. AUGUSTINE FL 32084-3627  
US

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 59-2892355

Applied For  
Not Applicable

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

LASSITER, CHARLES M  
2800 PONCE DE LEON BLVD.  
ST. AUGUSTINE FL 32084

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

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  
NAME MAGUIRE, CRAIG A.  
STREET ADDRESS 809 COASTAL HIGHWAY  
CITY-ST-ZIP ST. AUGUSTINE FL

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

TITLE DV  
NAME LASSITER, CHARLES M.  
STREET ADDRESS 24 MICKLER ROAD  
CITY-ST-ZIP ST. AUGUSTINE FL

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

TITLE DST  
NAME PELLICER, CHARLES E.  
STREET ADDRESS 28 CORDOVA ST.  
CITY-ST-ZIP ST. AUGUSTINE FL

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  
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CITY-ST-ZIP ☐ Delete

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

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

CHARLES M. LASSITER V.P. 1/7/02 904-800-6581

**FILED**  
**Jan 09, 2002 8:00 am**  
**Secretary of State**

01-09-2002 90003 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2034 (9/01)