

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000387

1. Entity Name

BAY FRONT MANAGEMENT, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -2 PM 4:19

Principal Place of Business

4291 ROYAL MUSTANG WAY
LITHONIA GA 30058

Mailing Address

4291 ROYAL MUSTANG WAY
LITHONIA GA 30058-4012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2250939

Applied For

Not Applicable

Zip

Country

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

TRUJILLO, MARIO
3201 58TH STREET SOUTH
MANAGEMENT OFFICE
GULFPORT FL 33707

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS TAYLOR, MARK W
CITY- ST- ZIP 3350 PEACHTREE RD., STE. 1150 1050
ATLANTA GA 30309-3574 ☐ Delete

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS suite 1050
CITY- ST- ZIP ☐ Addition

TITLE NAME MGR
STREET ADDRESS MANOWN, PETER S
CITY- ST- ZIP 3350 PEACHTREE RD., STE. 1150 1050
ATLANTA GA 30309-3574 ☐ Delete

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS suite 1050
CITY- ST- ZIP ☐ Addition

TITLE NAME MGR
STREET ADDRESS TRUJILLO, MARIO
CITY- ST- ZIP 4291 ROYAL MUSTANG WAY
LITHONIA GA 30058 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003123101--1
CITY- ST- ZIP -02/03/00--01038--006
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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 OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)