

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000501

1. Entity Name

BIOAVAILABILITY SYSTEMS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:08

Principal Place of Business

180 PINELLAS LANE, SUITE 101
COCOA BEACH FL 32931

Mailing Address

180 PINELLAS LANE, SUITE 101
COCOA BEACH FL 32931-3332



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

52-1987686

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

SUNDIN, GLENN T ESQUIRE
653 BREVARD AVENUE
COCOA FL 32922

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 MGRM BAUGHER, ROBERT A
STREET ADDRESS 180 PINELLAS LANE, SUITE 101
CITY- ST- ZIP COCOA BEACH FL 32931 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP *mf 3/2/00*

TITLE NAME MGRM HARRIS, JAMES W
STREET ADDRESS 180 PINELLAS LANE, SUITE 101
CITY- ST- ZIP COCOA BEACH FL 32931 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP *600003161406-2*

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP *03/07/00 01103 011*
******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)