

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000525

1. Entity Name  
BAYSWATER TAMPA BAY, LLC

APPROVED  
AND  
FILED

01 APR 27 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O BAYSWATER REALTY & CAPITAL CORP.  
100 SOUTH BEDFORD ROAD  
MT KISCO NY 10549

Mailing Address  
C/O BAYSWATER REALTY & CAPITAL CORP.  
100 SOUTH BEDFORD ROAD  
MT KISCO NY 10549



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
C/O BAYSWATER DEVELOPMENT LLC  
Suite, Apt. #, etc.  
100 SOUTH BEDFORD ROAD

3. Mailing Address  
C/O BAYSWATER DEVELOPMENT LLC  
Suite, Apt. #, etc.  
100 S. BEDFORD ROAD

City & State  
MT. KISCO, NY

City & State  
MT. KISCO, NY

4. FEI Number 13-4024794  
Applied For  
Not Applicable

City & State  
MT. KISCO, NY

Zip 10549 Country USA  
Zip 10549 Country USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent  
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 MGR ☐ Delete  
NAME ANTENUCCI, ALBO J JR  
STREET ADDRESS 100 SOUTH BEDFORD ROAD  
CITY-ST-ZIP MT KISCO NY 10549

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

TITLE MGR ☐ Delete  
NAME FRIEDLAND, GARY  
STREET ADDRESS 100 SOUTH BEDFORD ROAD  
CITY-ST-ZIP MT KISCO NY 10549

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

TITLE MGR ☐ Delete  
NAME BURKE, WILLIAM  
STREET ADDRESS 100 SOUTH BEDFORD ROAD  
CITY-ST-ZIP MT KISCO NY 10549

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

TITLE MGR ☒ Delete  
NAME BRADLEY, RACHEL  
STREET ADDRESS 1 WALL STREET CT, 9TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10005

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Gary Friedland, Manager  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 4/20/01 Daytime Phone # (914) 241-9000

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CR2E083 (11/00)