

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001118

1. Entity Name

BAYSWATER GLEN EAGLE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 PM 1:13

Principal Place of Business

C/O BAYSWATER REALTY & CAPITAL CORP.
100 S BEDFORD RD
MT KISCO NY 10549

Mailing Address

C/O BAYSWATER REALTY & CAPITAL CORP.
100 S BEDFORD RD
MT KISCO NY 10549-3425



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-4024794

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

TITLE MGR ☐ Delete
NAME ANTENUCCI, ALBO J JR
STREET ADDRESS 100 S BEDFORD RD
CITY-ST-ZIP MT KISCO NY 10549

TITLE MGR ☐ Delete
NAME GARY FRIEDLAND
STREET ADDRESS SAME AS ABOVE
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME WILLIAM BURKE
STREET ADDRESS SAME AS ABOVE
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME RACHAEL BRADLEY
STREET ADDRESS Same as above
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☒ Addition
NAME 9000003189569-2
STREET ADDRESS -03/30/00-01028-018
CITY-ST-ZIP *****50.00 *****50.00

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)