

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0026706  
AF

DOCUMENT # M99000001118

1. Entity Name  
BAYSWATER GLEN EAGLE, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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
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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 SOUTH BEDFORD ROAD
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City & State MOUNT KISCO, NY	City & State MOUNT KISCO, NY
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4. FEI Number 13-4024794	Applied For Not Applicable
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Zip 10549	Country USA	Zip 10549	Country USA
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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 NAME STREET ADDRESS CITY-ST-ZIP	MGR ANTENUCCI, ALBO J JR 100 S BEDFORD RD MT KISCO NY 10549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDLAND, GARY 100 S BEDFORD RD MT KISCO NY 10549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKE, WILLIAM 100 S BEDFORD RD MT KISCO NY 10549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADLEY, RACHAEL 100 S BEDFORD RD MT KISCO NY 10549	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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

4/20/01

Date

(914) 241-9000

Daytime Phone #

CR2E083 (11/00)