2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   M99000001716

1. Entity Name

BAY HOLDINGS, LLC

0016447 AF

Principal Place of Business

~~1856 CORPORATE DRIVE, SUITE 170~~
~~NORCROSS GA 30093~~

Mailing Address

~~1856 CORPORATE DRIVE, SUITE 170~~
~~NORCROSS GA 30093-2970~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11880 28th STREET	1150 FEEHANVILLE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. FEI Number 36-4327812 ~~APPLIED FOR~~

Applied For ☐
Not Applicable ☐

City & State	City & State
ST. PETERSBURG, FL	MOUNT PROSPECT, IL

Zip	Country	Zip	Country
33716	USA	60056	USA

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 MANAger **NAME** JIM J MARTIN **STREET ADDRESS** 1150 FEEHANVILLE DRIVE **CITY-ST-ZIP** MOUNT PROSPECT, FL 60056	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE MEMBER **NAME** SAYERS GROUP LLC **STREET ADDRESS** 1150 FEEHANVILLE DRIVE **CITY-ST-ZIP** MOUNT PROSPECT, IL 60056	☐ Delete	**TITLE** **NAME** 100003260241--8 **STREET ADDRESS** --05/19/00--01116--021 **CITY-ST-ZIP** *****50.00 *****50.00	☐ Change ☐ Addition
TITLE MEMBER **NAME** CASUCCI COMPANY, LLC **STREET ADDRESS** 11880 28th STREET **CITY-ST-ZIP** ST. PETERSBURG, FL 33716	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition

CR2E083 (9/99)

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 REQUIRED   4/26/00   847-391-4140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #