

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N00000003223**

1. Entity Name

BAYHILL RESIDENTIAL DISTRICT ASSOCIATION, INC.

Principal Place of Business

1688 W. HIBISCUS BLVD
MELBOURNE FL 32901

Mailing Address

1688 W. HIBISCUS BLVD
MELBOURNE FL 32901-2631

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3605070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EVANS, HUGH M JR
1688 W. HIBISCUS BLVD
MELBOURNE FL 32901**

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	EVANS, HUGH M JR	
STREET ADDRESS	1688 W. HIBISCUS BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	☐ Delete
NAME	WOOD, GREGORY T	
STREET ADDRESS	1688 W. HIBISCUS BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	☐ Delete
NAME	JELUS, TIMOTHY C	
STREET ADDRESS	1688 W. HIBISCUS BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugh M. Evans Jr

Date

Daytime Phone #

4-18-00 (321) 727-1000

BSG/6

FILED

2000 APR 26 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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