

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000000034

1. Entity Name

BAY STREET COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

1301 E BAY ST
WINTER GARDEN FL 34787

Mailing Address

1301 E BAY ST
WINTER GARDEN FL 34787

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

STEVENSON, BYRON
1301 E BAY ST
WINTER GARDEN FL 34787

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME STEVENSON, BYRON D
STREET ADDRESS 1301 E BAY ST
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

TITLE V
NAME JOHNSON, JOSEPH
STREET ADDRESS 1322 DANEILS COVE DR
CITY-ST-ZIP WINTER GARDEN FL ☒ Delete

TITLE S
NAME WELCH, KOREN
STREET ADDRESS 1301 E BAY ST
CITY-ST-ZIP WINTER GARDEN FL 34787 ☒ Delete

TITLE T
NAME KING, FRANCES
STREET ADDRESS 1663 CHRISTOPHER ST
CITY-ST-ZIP WINTER GARDEN FL ☐ Delete

TITLE T
NAME FLOWERS, LORETTA
STREET ADDRESS 1070 LINCOLN TERR
CITY-ST-ZIP WINTER GARDEN FL ☐ Delete

TITLE T
NAME HAYWOOD, PATRESA
STREET ADDRESS 7201 WOODHILL PARK DR
CITY-ST-ZIP ORLANDO FL ☐ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 -

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

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

TITLE NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90201 001 ***122.50

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DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)