

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06937

1. Entity Name

BAY LODGE ASSOCIATION

Principal Place of Business

C/O MICHAEL H. SILVERMAN
15639 BEAR CREEK DR.
TAMPA FL 33624
US

Mailing Address

C/O MICHAEL H. SILVERMAN
15639 BEAR CREEK DR.
TAMPA FL 33624
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SILVERMAN, MICHAEL H
15639 BEAR CR DR
TAMPA FL 33624

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 \$61.25

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 PD ☐ Delete
NAME SWEAT, J PASCO
STREET ADDRESS PO BOX 507 N/A
CITY-ST-ZIP BALM FL

TITLE VD ☐ Delete
NAME MILLER, ARTHUR C
STREET ADDRESS 119 9TH ST BELLEAIR BEACH
CITY-ST-ZIP INDIAN ROCKS BCH FL

TITLE STD ☐ Delete
NAME SILVERMAN, MICHAEL H
STREET ADDRESS 15639 BEAR CR DR
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME AKEY, MARK A.
STREET ADDRESS 4221 N. FLORIDA AVE
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME FREEMAN, JACK C
STREET ADDRESS 3614 W PEARL ST
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90402 010 ****61.25

C0054291



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2553948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)