

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28367

1. Entity Name

BAKER HOUSE RESTORATION PROJECT, INC.

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90179 022 \*\*\*\*61.25

Principal Place of Business

5744 MOOG ROAD  
HOLIDAY FL 34690

Mailing Address

P.O. BOX 116  
ELFERS FL 34690

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

59-2895675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUER, EDITH H  
6039 TENNESSEE AVE  
NEW PORT RICHEY FL 34653

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 EDITH H. BAUER, TREASURER

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

*Edith H. Bauer*

(NOTE: Registered Agent signature required when reinstating)

01/10/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BAKER, GORDON  
STREET ADDRESS 5822 VAN BUREN ST  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

TITLE VD ☐ Delete  
NAME LOECHLT, JOYCE  
STREET ADDRESS 5145 ROSEWOOD DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

TITLE SD ☐ Delete  
NAME CLAYTON, MAXINE  
STREET ADDRESS P.O. BOX 5631 N/A  
CITY-ST-ZIP HUDSON FL

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

TITLE TD ☒ Delete  
NAME CARBINE, HILDE M  
STREET ADDRESS 12217 CIDER MILL LANE  
CITY-ST-ZIP BAYONET PT FL 34667

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

TITLE CS ☐ Delete  
NAME NILES, ARLENE  
STREET ADDRESS 12300 OAK FOREST LANE  
CITY-ST-ZIP BAYONET PT FL 34667

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

TITLE TD ☐ Delete  
NAME BAUER, EDITH H  
STREET ADDRESS 6039 TENNESSEE AVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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: EDITH H. BAUER, TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/01

(727) 842-2432

Date

Daytime Phone #

CR2E037 (10/00)