

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47157

1. Entity Name

BAY FOREST POOL COMMONS #2, INC.

FILED

Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90021 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

15400 CEDARWOOD LANE  
SUITE 104  
NAPLES FL 34110-8027  
US

15400 CEDARWOOD LANE  
SUITE 104  
NAPLES FL 34110-8027  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2341046

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PHILLIPS, ROBERT R  
15400 CEDARWOOD LANE  
SUITE 104  
NAPLES FL 34110

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	DP	<input type="checkbox"/> Delete
NAME	HELLER, JOHN	
STREET ADDRESS	353 BAY FOREST DR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CORBOY, NANCY	
STREET ADDRESS	15350 CEDARWOOD LN #102	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	OREUTT, JACK	
STREET ADDRESS	15514 CEDARWOOD LN	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	WISE, SHIRLEY	
STREET ADDRESS	15450 CEDARWOOD LN #102	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #