

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State
 02-09-2000 90056 045 ****61.25

DOCUMENT # N51061

1. Entity Name

BAY AREA BRIDAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

702 COUNTRY CLUB DR
 LARGO FL 33771
 US

P.O. BOX 6945
 CLEARWATER FL 33758-6945
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3154314

☐ Applied
☐ Not Applied

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

JONES, MIKE
 702 COUNTRY CLUB DR
 PALM HARBOR FL 33771

Name

MIKE JONES

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

702 COUNTRY CLUB DRIVE

City

LARGO

FL

Zip Code
33771

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

M.S. Jones

M. S. JONES

MEMBERSHIP DIRECTOR

4/20/00

**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	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, MICHAEL	
STREET ADDRESS	702 COUNTRY CLUB DR	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALVAREZ, AL	
STREET ADDRESS	2019 GULF TO BAY BLVD	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SIEGEL, DONNA	
STREET ADDRESS	6801 114TH AVE N	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	EWART, DAVID	
STREET ADDRESS	125 ARCTURAS DR N	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	DAVID EWART	
STREET ADDRESS	125 ARCTURAS DR N	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	GINA WATERS	
STREET ADDRESS	9368 117TH STN.	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	SOAN HOWE	
STREET ADDRESS	1159 62ND AVE N.	
CITY-ST-ZIP	ST PETERS BURG FL 33702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED M. S. JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/00

Daytime Phone #

727 584 7111