

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90256 044 ****61.25

DOCUMENT # N51061

1. Entity Name

BAY AREA BRIDAL ASSOCIATION, INC.

Principal Place of Business

702 COUNTRY CLUB DR
LARGO FL 33771
US

Mailing Address

P.O. BOX 6945
CLEARWATER FL 34618
US

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

59-3154314

Applied For

Not Applicable

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

2/6/01

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** ☒ Delete
NAME **SWART, DAVID**
STREET ADDRESS **125 ARCTURAS DR N.**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **D** ☐ Change ☒ Addition
NAME **MIKE JONES**
STREET ADDRESS **702 COUNTRY CLUB DRIVE**
CITY-ST-ZIP **LARGO FL 33771**

TITLE **VPD** ☐ Delete
NAME **ALVAREZ, AL**
STREET ADDRESS **2019 GULF TO BAY BLVD**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Laure Simpson**
STREET ADDRESS **969 Virginia Avenue**
CITY-ST-ZIP **Palm Harbor FL 34683**

TITLE **DS** ☒ Delete
NAME **WATERS, GINA**
STREET ADDRESS **7368 117TH ST. N**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **D.S** ☐ Change ☒ Addition
NAME **Joe Licari**
STREET ADDRESS **11635 Paige Drive**
CITY-ST-ZIP **Port Richey FL 34668**

TITLE **DT** ☒ Delete
NAME **NOWE, JOAN**
STREET ADDRESS **1159 62ND AVE N.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 REQUIRED MIKE JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/01 727 584 7111

CR2E037 (10/00)