

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001686

1. Entity Name

BAYSHORE HOUSING CORPORATION

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90061 003 ****61.25

Principal Place of Business	Mailing Address
348 MIRACLE STRIP PKWY SUITE 13 FT WALTON BEACH FL 32548 US	348 MIRACLE STRIP PKWY SUITE 13 FT WALTON BEACH FL 32548 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-3411499	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent
KENT, MICHAEL G 348 MIRACLE STRIP PKWY SUITE 13 FT WALTON BCH FL 32548

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	PEARCE, BEN
STREET ADDRESS	1544 N BEAL EXTENSION
CITY-ST-ZIP	FT WALTON BEACH FL 32548
TITLE	DS <input type="checkbox"/> Delete
NAME	WRIGHT, LAURA
STREET ADDRESS	110 PERRY AVE
CITY-ST-ZIP	FT WALTON BEACH FL 32548
TITLE	D <input type="checkbox"/> Delete
NAME	SUNNARBORG, PATTY
STREET ADDRESS	1170 MARTIN LUTER KING JR BLVD. BLDG. 7
CITY-ST-ZIP	FT. WALTON BEACH FL 32547
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	551 Mooney Rd
CITY-ST-ZIP	Ft Walton Beach, FL. 32547
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SCOTT THILPEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	109 McGriff St
CITY-ST-ZIP	Ft Walton Beach, FL. 32548
TITLE	RALPH WASH OFSKY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	253 Ventura Circle NW
CITY-ST-ZIP	Ft Walton Beach, FL. 32548
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 REQUIRED MICHAEL G KENT 4/18/00 850-664-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)