

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005155

1. Entity Name

BAY AREA DEVELOPMENT GROUP, INC.

Principal Place of Business

8021 SAILBOAT KEY BLVD.  
D 403  
S. PASADENA FL 33707

Mailing Address

8021 SAILBOAT KEY BLVD.  
D 403  
S. PASADENA FL 33707-6382

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

59-3404364

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

HALE, FRED H  
5369 PARK BLVD.  
PINELLAS PARK FL 33781

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE A ☐ Delete  
NAME SOREM, LINDA  
STREET ADDRESS 8021 SAILBOAT KEY BLVD.-D 403  
CITY-ST-ZIP S. PASADENA FL 33707

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

TITLE ST ☐ Delete  
NAME WEEST, DOREEN M  
STREET ADDRESS 7366 79TH ST. N.  
CITY-ST-ZIP PINELLAS PARK FL 33781

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

TITLE RAT ☐ Delete  
NAME HALE, FRED H  
STREET ADDRESS 5369 PARK BLVD.  
CITY-ST-ZIP PINELLAS PARK FL 33781

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

TITLE T ☐ Delete  
NAME FERACO, RICHARD  
STREET ADDRESS 9414 TRADEWINDS AV  
CITY-ST-ZIP SEMINOLE FL 33776

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

TITLE T ☐ Delete  
NAME ROSE, DONALD A JR  
STREET ADDRESS 8018 DEERWOOD CIRCLE  
CITY-ST-ZIP TAMPA FL 33610

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00 (727)367-9424

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)