

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90196 012 ****61.25

DOCUMENT # N96000005155

1. Entity Name

BAY AREA DEVELOPMENT GROUP, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

14955 GULF BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite 15



DO NOT WRITE IN THIS SPACE

City & State

Madeira Beach FL

City & State

Zip

33708

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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

1-25-01 727-367-9424

Date

Daytime Phone #

CR2E037 (10/00)