

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005992

1. Entity Name

THE BAYTREE CENTER ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90190 036 ****61.25

Principal Place of Business BAY TREE CENTER WAYMONT COURT LAKE MARY FL 32746 US	Mailing Address P O BOX 950337 LAKE MARY FL 32795-0337 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 2180 W SR 434
Suite, Apt. #, etc.	Suite, Apt. #, etc. STE 5000

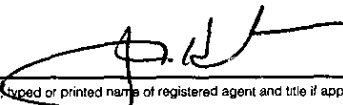
City & State LONGWOOD FL	4. FEI Number 59-3433381	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip 32779	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**SHARP, BOBBY M
350 WAYMONT CT
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent
**HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779-5044**

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  (NOTE: Registered Agent signature required when reinstating) DATE **2/10/00**

**FILE NOW:
FEES 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 PD	NAME SHARP, BOBBY M	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME STENSRUD, MIKE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 424 OAKHAVEN DRIVE	CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701		STREET ADDRESS 250 WAYMONT CT #120	CITY-ST-ZIP LAKE MARY FL 32746	
TITLE VD	NAME CANAL, JOHN W	<input checked="" type="checkbox"/> Delete	TITLE VD	NAME GOERGEN, JOHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 240 SOUTH CRYSTAL DRIVE	CITY-ST-ZIP SANFORD FL		STREET ADDRESS 446 STONEWOOD LN	CITY-ST-ZIP MAITLAND FL 32751	
TITLE D	NAME PICEK, DAN	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME SAVARD, ROSALIND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 310 WAYMONT COURT	CITY-ST-ZIP LAKE MARY FL 32746		STREET ADDRESS 1424 SHADWELL CIR	CITY-ST-ZIP LAKE MARY FL 32746	
TITLE D	NAME TURNER, CHARLES	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 225 WAYMONT COURT	CITY-ST-ZIP LAKE MARY FL 32746		STREET ADDRESS 3527 ACRE CT	CITY-ST-ZIP LAKE MARY FL 32746	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		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:  DATE: **2-22-00** DAYTIME PHONE #

CR2F037 (9/99)