

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90318 028 ****61.25

DOCUMENT # N96000005992

1. Entity Name

THE BAYTREE CENTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 WEST SR 434, SUITE 5000
 LONGWOOD FL 32774-5044
 US

2180 W SR 434
 5000
 LONGWOOD FL 32779
 US

00030674



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3433381

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HART, JAMES W JR
SENTRY MGMT INC
2180 W SR 434 #5000
LONGWOOD FL 32779

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 PD Delete
 NAME STENSRUD, MIKE
 STREET ADDRESS 250 WAYMONT CT #120
 CITY-ST-ZIP LAKE MARY FL 32746

TITLE D Change Addition
 NAME WHITNEY, DAN
 STREET ADDRESS 6845 HIDDEN GLADE PL
 CITY-ST-ZIP SANFORD FL 32711

TITLE VD Delete
 NAME GOERGEN, JOHN
 STREET ADDRESS 446 STONEWOOD LN
 CITY-ST-ZIP MAITLAND FL 32751

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME SAVARD, ROSALIND
 STREET ADDRESS 1424 SHADWELL CIRCLE
 CITY-ST-ZIP LAKE MARY FL 32746

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME TURNER, CHARLES
 STREET ADDRESS 3527 ACRE CT
 CITY-ST-ZIP LAKE MARY FL 32746

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)