

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001367

1. Entity Name

BAY AREA RINGERS, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90027 010 ****61.25

Principal Place of Business

5012 WESLEY DR
TAMPA FL 33647

Mailing Address

5012 WESLEY DR
TAMPA FL 33647-1375

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3437217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

6. Name and Address of Current Registered Agent

MARKS, LYNNE G
5012 WESLEY DR
TAMPA FL 33647

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	DP	<input type="checkbox"/> Delete
NAME	MARKS, LYNNE G	
STREET ADDRESS	5012 WESLEY DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FLOYD, KIM	
STREET ADDRESS	7004 DEMAY ST	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GRADY, KAREN	
STREET ADDRESS	10925 WHISPERING OAKS CIR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grady, Karen	
STREET ADDRESS	10925 Whispering Oaks Cir.	
CITY-ST-ZIP	Riverview, FL. 33569	
TITLE	DT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Drie Byars	
STREET ADDRESS	4519 Culbreath Ave.	
CITY-ST-ZIP	Tampa, FL. 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Lynne G. Marks 2/9/00 813/971-8321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)