

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002851

1. Entity Name

BAY WORLD PUBLIC TRUST, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90015 047 ****61.25

Principal Place of Business

708 S. DAVIS BLVD.
TAMPA FL 33606-3914

Mailing Address

708 S. DAVIS BLVD.
TAMPA FL 33606-3914

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

59-3431253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COSENTINO, CORNELIUS
708 S. DAVIS BLVD.
TAMPA FL 33606-3914

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	DPS	<input type="checkbox"/> Delete
NAME	COSENTINO, CORNELIUS	
STREET ADDRESS	708 S. DAVIS BLVD.	
CITY-ST-ZIP	TAMPA FL 33606-3914	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CARDUCCI, MICHEAL J	
STREET ADDRESS	1427 CLARION DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, RUSSELL	
STREET ADDRESS	115 N. HUBERT AVE., #6	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FRANCIS E. CAPE	
STREET ADDRESS	3404 S. BEACH DRIVE	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DARON LEFTWICH	
STREET ADDRESS	700 LA VIDA CT	
CITY-ST-ZIP	IRVING TX 75062-6567	
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		<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		
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:

Cornelius Cosentino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 251-4669

CR2E037 (9/99)