

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91180 010 \*\*\*\*61.25

**DOCUMENT # N97000002851**

1. Entity Name

**BAY WORLD PUBLIC TRUST, INC.**

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

*C. Cosentino*

*June 25, 2001*

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 **D** ☐ Delete  
 NAME **DPS**  
 STREET ADDRESS **COSENTINO, CORNELIUS**  
 CITY-ST-ZIP **708 S. DAVIS BLVD.**  
**TAMPA FL 33606-3914**

TITLE **B** ☒ Delete  
 NAME **DV**  
 STREET ADDRESS **CARDUCCI, MICHAEL J**  
 CITY-ST-ZIP **1427 CLARION DR**  
**VALRICO FL 33594**

TITLE **D** ☐ Delete  
 NAME **DV**  
 STREET ADDRESS **CARE, FRANCIS E**  
 CITY-ST-ZIP **6404 S BEACH DRIVE**  
**TAMPA FL 33629**

TITLE **D** ☐ Delete  
 NAME **DV**  
 STREET ADDRESS **LEFTWICH, DALTON**  
 CITY-ST-ZIP **700 LA VIDA CT**  
**IRVING TX 75062-6567**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **D** ☐ Change ☒ Addition  
 NAME **RAYBLEVISTON**  
 STREET ADDRESS **7212 HAMMET RD.**  
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☒ Change ☐ Addition  
 NAME **CAPE VICE CARE**  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 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: *CORNELIUS COSENTINO*

*June 24, 2001 813 251-4669*

CR2E037 (10/00)