

2002 UNIFORM BUSINESS REPORT (UBR)

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

7. Name and Address of New Registered Agent

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

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

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

TITLE ☐ Delete
NAME
D
LEVINSTON, RAY S
STREET ADDRESS
7212 HAMMET ROAD
CITY-ST-ZIP
TAMPA FL 33647

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

TITLE ☐ Delete
NAME
CAPE FRANCIS
STREET ADDRESS
6404 S BEACH DRIVE
CITY-ST-ZIP
TAMPA FL 33629

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Robert J. Parcels, JR
93085 6th Street
Parcels Park, FL 33787

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

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

TITLE ☐ Delete
NAME
DPS
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: Cornelius Cosentino CORNELIUS (NEIL) COSENTINO APRIL 19, 2002

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90081 047 ****61.25



DO NOT WRITE IN THIS SPACE

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