

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

0040003

**DOCUMENT # N97000002851**

1. Entity Name

**BAY WORLD PUBLIC TRUST, INC.**

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

Principal Place of Business

Mailing Address

708 S. DAVIS BLVD.  
 TAMPA FL 33606-3914

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

4. FEI Number

**59-3431253**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME **Robert J. Parcelles, JR**  
 STREET ADDRESS **930 85<sup>th</sup> Street**  
 CITY-ST-ZIP **Pinellas Park, FL 33787**

TITLE **DV**  Delete  
 NAME **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 **DPS**  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.

813 251-4669

SIGNATURE: Cornelius Cosentino **CORNELIUS (NEIL) COSENTINO** APRIL 19, 2002

CR2E037 (9/01)