

2000 UNIFORM BUSINESS REPORT (UBR)

5/75

DOCUMENT # N99000004500

1. Entity Name

BAY AREA COMMUNITY SERVICE CORPORATION

R

FILED
Jul 13, 2000 8:00 am
Secretary of State

05-02-2000 90039 028 ****61.25

Principal Place of Business

Mailing Address

1926 ARROWHEAD DR NE
ST PETERSBURG FL 33703

1926 ARROWHEAD DR NE
ST PETERSBURG FL 33703-1804

2. Principal Place of Business

3. Mailing Address

15316 Gulf Blvd

15316 Gulf Blvd

Suite, Apt., #, etc.

Suite, Apt., #, etc.

Unit 1003

Unit 1003

City & State

City & State

Madeira Beach

Madeira Beach

Zip

Country

Zip

Country

33708

Pineellas

33708

Pineellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LLOYD, JOHN A III
1926 ARROWHEAD DR NE
ST PETERSBURG FL 33703

Name

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

15316 Gulf Blvd Unit 1003

City

Madeira Beach FL

Zip Code

33708

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 fee 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: Pres
NAME: JOHN A LLOYD III
STREET ADDRESS: 15316 Gulf Blvd 1003
CITY-ST-ZIP: Madeira Beach FL 33708

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

TITLE: Sec
NAME: John Lloyd II
STREET ADDRESS: 15316 Gulf Blvd # 1003
CITY-ST-ZIP: Madeira Beach FL 33708

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

TITLE: Tr
NAME: Michael Lloyd
STREET ADDRESS: 15316 Gulf Blvd # 1003
CITY-ST-ZIP: Madeira Beach FL 33708

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

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

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

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

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

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

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

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:

JOHN A LLOYD III

4/23/00 727-392092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CP2E037 (9/99)