

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

04-30-2001 90032 026 ***150.00

DOCUMENT # P00000004961

1. Entity Name

BAYWOODS DEVELOPMENT GROUP, INC.

Principal Place of Business

Mailing Address

221 E. MITCHELL AVE.
SANTA ROSA BEACH FL 32459221 E. MITCHELL AVE.
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

180 E. MITCHELL AVE

3. Mailing Address

180 E. MITCHELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH, FL

City & State

SANTA ROSA BEACH, FL

4. FEI Number

59-3624686

Applied For

Not Applicable

Zip

32459

Country

USA

Zip

32459

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

REYNOLDS, SUNDI
221 E. MITCHELL AVE.
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name **REYNOLDS, DAVID**
Street Address (P.O. Box Number is Not Acceptable)
180 E. MITCHELL AVE
City **SANTA ROSA BEACH** FL Zip Code **32459**

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

*David Reynolds***DAVID REYNOLDS
SECRETARY**

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-019. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WENSEL, SCOTT	
STREET ADDRESS	221 E. MITCHELL AVE.	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, SUNDI	
STREET ADDRESS	221 E. MITCHELL AVE.	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS, DAVID	
STREET ADDRESS	180 E. MITCHELL AVE	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENSEL, SCOTT	
STREET ADDRESS	320 JUNIPER ST	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Reynolds **DAVID REYNOLDS****4-25-01****(850) 231-2735**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)