

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am  
Secretary of State

02-03-2001 90010 037 \*\*\*150.00

DOCUMENT # P00000035804

1. Entity Name

BAYSIDE MANAGEMENT COMPANY OF JUPITER, INC.

Principal Place of Business

Mailing Address

~~1001 COMMERCE LN. STE. 2~~  
~~JUPITER FL 33458~~  
1001 ALT AIA STE 103  
JUPITER, FL. 33477

~~1001 COMMERCE LN. STE. 2~~  
~~JUPITER FL 33458~~  
PO BOX 2025  
JUPITER, FL. 33468

2. Principal Place of Business

1001 ALT AIA STE. 103

3. Mailing Address

PO BOX 2025

Suite, Apt. #, etc.

SUITE 103

Suite, Apt. #, etc.

City & State

JUPITER, FL.

City & State

JUPITER, FL.

4. FEI Number

58-2541770

Applied For

Not Applicable

Zip

33477

Country

USA

Zip

33468

Country

USA

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

SELDIN, KEITH A  
1934 COMMERCE LN., STE. 2  
JUPITER FL 33458

Name DOUGLAS R. EASTON

Street Address (P.O. Box Number is Not Acceptable)  
1001 ALT AIA STE 103

City JUPITER

FL

Zip Code 33477

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 *Douglas R. Easton Pres.*

1-30-01

Signature, typed & printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SELDIN, KEITH A	
STREET ADDRESS	1934 COMMERCE LN., STE. 2	
CITY-ST-ZIP	JUPITER FL 33458	
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		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS R. EASTON	
STREET ADDRESS	1001 ALT AIA STE 103	
CITY-ST-ZIP	JUPITER, FL. 33477	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIMENA EASTON	
STREET ADDRESS	1001 ALT AIA STE 103	
CITY-ST-ZIP	JUPITER, FL. 33477	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)