## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Sep 06, 2001 8:00 am Secretary of State DOCUMENT # P00000075505 1. Entity Name BAY HARBOR ASSOCIATES INC 09-06-2001 90269 045 \*\*\*150.00 Mailing Address Principal Place of Business 9370 W BAY HARBOR DR #10 9370 W BAY HARBOR DR #10 BAY HARBOR ISLANDS FL 33154 BAY HARBOR ISLANDS FL 33154 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FELN ober Applied For City & State City & State 65 - 104089a Not Applicable Zip Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TYLER, KRISTEN V Street Address (P.O. Box Number is Not Acceptable) 9370 W BAY HARBOR DR #10 BAY HARBOR ISLANDS FL 33154 Zip Code City 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 SIGNATUR FILE NOW!!! FEE IS \$550.00 9. This conforation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ■ Addition TITLE ☐ Delete TITLE TYLER. KRISTEN V NAME NAME 9370 W BAY HARBOR DR #10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME BOURGARD, RONALD P NAME STREET ADDRESS STREET ADDRESS 9370 W BAY HARBOR DR #10 CITY-ST-ZIP CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154 ☐ Defete TITLE - Change - Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 few pred by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment

CR2E034 (5/01)

A Hackhent Doc. # \$00000075505 - 8/30/01 Dear Florida Department of Sta an sending this form we we