

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90019 018 \*\*\*150.00

DOCUMENT # P02000120576

1. Entity Name  
BAYSIDE FINANCIAL CORPORATION



Principal Place of Business  
1501 PARK AVENUE EAST  
TALLAHASSEE FL 32301

Mailing Address  
1501 PARK AVENUE EAST  
TALLAHASSEE FL 32301



2. Principal Place of Business

301 E. FIRST ST.

3. Mailing Address

P.O. BOX 1238

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State

PORT ST. JOE, FL

City & State

PORT ST. JOE, FL

Zip

32456

Country

U.S.A.

Zip

32457

Country

U.S.A.

4. FEI Number

74-3069964

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IGLER & DOUGHERTY, P.A.  
1501 PARK AVENUE EAST  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

JAMES G. JOHNSON

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

301 E. FIRST ST. SUITE 100

City

PORT ST. JOE

FL

Zip Code

32456

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*James G. Johnson* James G. JOHNSON

(NOTE: Registered Agent signature required when reinstating)

2/18/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME *X* JAMES G. JOHNSON  
STREET ADDRESS P/O  
CITY-ST-ZIP 101 ALLEN MEMORIAL WAY  
PORT ST. JOE, FL 32456

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS JASPER L. SMITH  
CITY-ST-ZIP 905 MONUMENT  
PORT ST. JOE, FL 32456

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS WILLIAM R. BUZZETT  
CITY-ST-ZIP 101 20TH ST.  
PORT ST. JOE, FL 32456

TITLE ☐ Change ☐ Addition  
NAME D/T  
STREET ADDRESS STUART SHOAF  
CITY-ST-ZIP 1902 MONUMENT  
PORT ST. JOE, FL 32456

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS GEORGE DUREN  
CITY-ST-ZIP 100 DUPONT  
PORT ST. JOE, FL 32456

TITLE ☐ Change ☐ Addition  
NAME D/S  
STREET ADDRESS CHARLES COSTIN  
CITY-ST-ZIP 413 WILLIAMS AVE  
PORT ST. JOE, FL 32456

CR2E034 (10/02)

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 607, 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:

*James G. Johnson* JAMES G. JOHNSON

2/18/03

850-229-5452

Date

Daytime Phone #