

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09616

1. Entity Name

BAY STREET CORPORATION

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90021 036 ***150.00

Principal Place of Business

3120 VINCENT RD
WEST PALM BCH FL 33405
US

Mailing Address

PO BOX 2137
PALM BEACH FL 33480-2137
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3013675

Applied For

Not Applicable

Zip

Country

Zip

Country

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

G BRIGGS KILBORNE JR
205 WORTH AVE
P.O. BOX 2137
PALM BEACH FL 33480

Name

G. Briggs Kilbourne, Jr.

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

3120 Vincent Road

City

West Palm Beach

FL

Zip Code

33405

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

G. Briggs Kilbourne Jr.

(NOTE: Registered Agent signature required when reinstating)

2/22/00

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, 2000 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	PDVS	<input type="checkbox"/> Delete
NAME	G BRIGGS KILBORNE JR	
STREET ADDRESS	3120 VINCENT RD	
CITY-ST-ZIP	WEST PALM BCH FL 33405	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	THIELEMANN, KIM K	
STREET ADDRESS	4388 COLUMBIA RD	
CITY-ST-ZIP	ELLCOTT CITY MD 21042	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	SARAH KILBORNE DE BIENVILLE	
STREET ADDRESS	1 GRAMERCY PARK W #1F	
CITY-ST-ZIP	NEW YORK CITY NY 10003	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LUCIE PECK MOFFETT	
STREET ADDRESS	245 LIST RD	
CITY-ST-ZIP	PALM BEACH FL 33480	
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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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:

G. Briggs Kilbourne Jr.

President

2/22/00

561-832-2155

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)