

DOCUMENT # P94000016877

1. Entity Name
BYLANDS MANAGEMENT, CORP.

Principal Place of Business

102 E. BROADWAY
EVERGLADES CITY 34139
US

Mailing Address

PO BOX 530
EVERGLADES CITY FL 34139
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0470889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGFORD, GEORGE P
3357 TAMiami TR. NORTH
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

DAVID L GEORGE

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

102 EAST BROADWAY PO BOX 530

APPT # 101

City

EVERGLADES CITY

FL

Zip Code

34139

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 L. George
Signature, typed or printed name of registered agent and title if applicable.

DAVID L. GEORGE

(NOTE: Registered Agent signature required when reinstating)

DATE

01/04/01

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	GEORGE, DAVID	102 E BROADWAY PO BOX 530	EVERGLADES CITY FL 34139	
	BENNETT, MARGARET A	102 E BROADWAY PO BOX 530	EVERGLADES CITY FL 34139	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

01/04/01

Date

941 695 4211

Daytime Phone #

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90028 025 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)