

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040341

1. Entity Name

BAYVIEW OFFICES, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90191 025 \*\*\*158.75

Principal Place of Business

Mailing Address

1040 BAYVIEW DRIVE  
STE 420  
FORT LAUDERDALE FL 33304  
US

2000 N. FLORIDA MANGO ROAD  
SUITE 200  
W. PALM BEACH FL 33409-6443  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 519

City & State

City & State

4. FEI Number 65-0493438

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

DENTRY, DEBORAH  
2000 N. FLORIDA MANGO ROAD  
SUITE 200  
W. PALM BEACH FL 33409

Name

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

City

FL

Zip Code

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

Signature, typed or 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, 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 PSTD  
NAME HEATON, LINN  
STREET ADDRESS 215 5TH ST. #108  
CITY-ST-ZIP W. PALM BCH. FL 33401

☐ Delete

TITLE Pres  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE VP  
NAME HEATON, LEE  
STREET ADDRESS 215 5TH STREET #108  
CITY-ST-ZIP W. PALM BEACH FL 33401

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE Vice Pres / Sect / Treas  
NAME Deborah A. Dentry  
STREET ADDRESS 2000 N. Florida Mango Rd #200  
CITY-ST-ZIP W Palm Beach Fl 33409

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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

DEBORAH A. DENTRY

2/25/00

Date

561-697-5252

Daytime Phone #

CR2E034 (9/99)