

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049393

1. Entity Name

2000 WEST BAY DRIVE GROUP, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90063 004 ***150.00

Principal Place of Business

Mailing Address

2000 WEST BAY DRIVE
LARGO FL 33770

2000 WEST BAY DRIVE
LARGO FL 33770-4905

2. Principal Place of Business

3. Mailing Address

95 E Overbrook St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LARGO FL

4. FEI Number

59-3328670

Applied For

Not Applicable

Zip

Country

Zip

Country

33770

US

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

SANFORD, CLIVE
335 12TH AVE N
INDIAN ROCKS BEACH FL 33785

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 PTSD ☐ Delete
NAME SANFORD, CLIVE C
STREET ADDRESS 335 12TH AVE N
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE PTSD ☒ Change ☐ Addition
NAME Sanford Clive C
STREET ADDRESS 95 E Overbrook St
CITY-ST-ZIP LARGO FL 33770

TITLE V ☐ Delete
NAME SANFORD, WALTER H
STREET ADDRESS 14440 HILLVIEW DR.
CITY-ST-ZIP LARGO FL 34644

TITLE V ☒ Change ☐ Addition
NAME Sanford Walter H
STREET ADDRESS 95 E Overbrook St
CITY-ST-ZIP LARGO FL 33770

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Clive C Sanford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/00 727-587-7944

CR2F034 (9/99)