

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90028 012 ***158.75

0569647 AV

DOCUMENT # P95000095539
 1. Entity Name
BAYBROOK HOMES, INC.

Principal Place of Business 2745 N. NARCOOSSEE ROAD ST CLOUD FL 34771	Mailing Address 2745 N. NARCOOSSEE ROAD ST CLOUD FL 34771
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2. Principal Place of Business 16400 Magnolia Bluff Dr. Suite, Apt. #, etc.	3. Mailing Address 16400 Magnolia Bluff Dr. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Montverde, FL	City & State Montverde, FL	4. FEI Number 59-3351518	Applied For <input type="checkbox"/> Not Applicable
Zip 34756	Country USA	Zip 34756	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WHITE, ROBERT B JR.
201 S. ORANGE AVENUE
SUITE 1000
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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 _____ (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, 2002 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	PST GREEN, ELEANOR 2745 N. NARCOOSSEE ROAD ST CLOUD FL 34771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROANE, HEATHER S 17554 LONG RIDGE DR MONTVERDO FL 34756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARMER, STEPHEN M 17554 LONG RIDGE DR MONTVERDO FL 34756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13620 Sunset Lakes Circle Winter Garden, FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	16400 Magnolia Bluff Dr. Montverde, FL 34756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	16400 Magnolia Bluff Dr. Montverde, FL 34756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Eleanor Green* **SIGNATURE REQUIRED** 2-20-02 407-469-0077
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)