

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000049799**

1. Entity Name

BAYSIDE LENDERS, INC.

Principal Place of Business

**2451 MCMULLEN BOOTH RD
CLEARWATER FL 34619**

Mailing Address

**2451 MCMULLEN BOOTH RD
CLEARWATER FL 33759-1356**

2. Principal Place of Business

2560 Enterprise Rd. E.

Suite, Apt. #, etc.

3. Mailing Address

2560 Enterprise Rd. E.

Suite, Apt. #, etc.

City & State
Clearwater FL

Zip
33759

Country
US

City & State
Clearwater FL

Zip
33759

Country
US

4. FEI Number **59-3380134**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KENNEDY, BRIAN J
2451 MCMULLEN BOOTH RD
CLEARWATER FL 34619**

7. Name and Address of New Registered Agent

Name
Brian J. Kennedy (ADDRESS CHANGE ONLY)
Street Address (P.O. Box Number is Not Acceptable)
2560 Enterprise Rd. E.
City
Clearwater FL Zip Code
33759

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 **Brian J. Kennedy**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, BRIAN J 2451 MCMULLEN BOOTH RD CLEARWATER FL 34619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARVIN, TIMOTHY E 2451 MCMULLEN BOOTH RD CLEARWATER FL 34619	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2560 Enterprise Rd. E. Clearwater FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2560 Enterprise Rd. E. Clearwater FL 33759
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: **Brian J. Kennedy, Dir.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
Date

(727) 797-0300
Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90001 021 ***150.00