

2000 UNIFORM BUSINESS REPORT (UBR)

060762

DOCUMENT # **P960000088548**
 i. Entity Name **Bayside of Marion, Inc**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY 11 PM 2:17

Principal Place of Business Mailing Address

2. Principal Place of Business
1001 Fannin
 Suite, Apt. #, etc. **Suite 4000**
 City & State **Houston TX**
 Zip **77002** Country **USA**

3. Mailing Address
1001 Fannin
 Suite, Apt. #, etc. **Suite 4000**
 City & State **Houston TX**
 Zip **77002** Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **22-3479629** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____
 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. ☐ **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	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	1001 Fannin Ste 4000		STREET ADDRESS		
CITY - ST - ZIP	Houston TX 77002		CITY - ST - ZIP		
TITLE	Secretary & Sole Director	☐ Delete	TITLE		
STREET ADDRESS	Bryan G. Blankfield		STREET ADDRESS		
CITY - ST - ZIP	1001 Fannin Ste 4000		CITY - ST - ZIP		
TITLE	Treasurer	☐ Delete	TITLE		
STREET ADDRESS	Ronald Jones		STREET ADDRESS		
CITY - ST - ZIP	1001 Fannin Ste 4000		CITY - ST - ZIP		
TITLE	Vice President	☐ Delete	TITLE		
STREET ADDRESS	Robert Simpson		STREET ADDRESS		
CITY - ST - ZIP	1001 Fannin Suite 4000		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: **Robert G. Simpson** **4/19/2000** **7135126504**
 Signature and typed or printed name of signing officer or director Date Daytime Phone *