

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099741

1. Entity Name

BAY AMERICA REALTY GROUP, INC.

Principal Place of Business

8910 N DALE MABRY, SUITE 27
TAMPA FL 33614

Mailing Address

8910 N DALE MABRY, SUITE 27
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3414326

Applied For

Not Applicable

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

ANDERSON, FRED D
8910 N DALE MABRY, SUITE 27
TAMPA FL 33614

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D / PRES.	<input type="checkbox"/> Delete
NAME	ANDERSON, FRED D	
STREET ADDRESS	8910 N DALE MABRY, SUITE 27	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRICE, WILLIAM J	
STREET ADDRESS	8910 N DALE MABRY, SUITE 27	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ALAN L. LUCAS	
STREET ADDRESS	8910 N DALE MABRY, SUITE 27	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN L. LUCAS	
STREET ADDRESS	8910 N. DALE MABRY, SUITE 27	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01

813-930-2131

01-26-2001 90048 038 ***908.75

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FILED

01 FEB -9 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

REINSTATEMENT

1/29/01