

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099336

1. Entity Name

BAINBRIDGE HOLDINGS, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90187 005 ***150.00

Principal Place of Business

Mailing Address

2170 POLO GARDENS DRIVE
SUITE 204
WELLINGTON FL 33414

2170 POLO GARDENS DRIVE
SUITE 204
WELLINGTON FL 33414-2030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, e

12791 W. Forest Hill Blvd Suite #5B
Wellington, FL 33414

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0796020

Applied For

Not Applicable

5. Certificate of Status Desired

#

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHECHTER, RICHARD
2170 POLOGARDENS DR #204
WELLINGTON FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

City

WELLINGTON

FL

Zip Code

33414

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 PD ☐ Delete
NAME SCHECHTER, RICHARD A
STREET ADDRESS 2439 APPALOOSA TRAIL
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☒ Change ☐ Addition
NAME 12791 W FOREST HILL BLVD #5B
STREET ADDRESS WELLINGTON, FL 33414
CITY-ST-ZIP

TITLE VPSD ☐ Delete
NAME MEAD
STREET ADDRESS 2439 APPALOOSA TRAIL
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☒ Change ☐ Addition
NAME 12791 W. FOREST HILL BLVD #5B
STREET ADDRESS WELLINGTON, FL 33414
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HULCE, STEVEN A
STREET ADDRESS 316 S. 7TH ST.,
CITY-ST-ZIP GENEVA IL 60134

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 (SLO) 7938959

Date

Daytime Phone #

CR2E034 (9/99)