

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State
 05-12-2001 90017 026 ***150.00

DOCUMENT # P97000099336

1. Entity Name
BAINBRIDGE HOLDINGS, INC.

Principal Place of Business
~~2170 POLO GARDENS DRIVE~~
~~SUITE 204~~
~~WELLINGTON FL 33414~~

Mailing Address
~~2170 POLO GARDENS DRIVE~~
~~SUITE 204~~
~~WELLINGTON FL 33414~~

2. Principal Place of Business
12791 W Forest Hill Blvd
 Suite, Apt. #, etc.
Suite 5A

3. Mailing Address
12791 W Forest Hill Blvd
 Suite, Apt. #, etc.
Suite 5A

City & State
Wellington, FL

City & State
Wellington, FL

4. FEI Number **65-0796020**

Applied For
 Not Applicable

Zip Country
33414

Zip Country
33414

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

SCHECHTER, RICHARD
12791 W FOREST HILL BLVD #5B
WELLINGTON FL 33414

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 \$150.00
After MAY 1, 2001 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 **12791 W FOREST HILL BLVD #5B**
 CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE **VPSD** ☐ Delete
 NAME **MEAD**
 STREET ADDRESS **12791 W FOREST HILL BLVD #5B**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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
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TITLE ☐ Delete
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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

Richard Schechter

Date

(561) 793-8959
 Daytime Phone #

CR2E034 (10/00)