

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004680

1. Entity Name

BAY DISTRIBUTORS, INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90138 009 ***150.00

Principal Place of Business
ONE NATIONAL DRIVE. SW
ATLANTA GA 30336

Mailing Address
PO BOX 44127
ATLANTA GA 30336-1127

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
58-0516238

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

BONCHICK, NORMAN
441 W 12TH AVE
DEERFIELD BCH FL 33442

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, 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	<input type="checkbox"/> Delete
C	CARLOS, MICHAEL C	ONE NATIONAL DR	ATLANTA GA 30336	<input type="checkbox"/>
PD	DAVIS, JAY M	ONE NATIONAL DR	ATLANTA GA 30336	<input type="checkbox"/>
TD	CARLOS, ANDREW C	ONE NATIONAL DR.	ATLANTA GA 30336	<input checked="" type="checkbox"/>
EV	CARLOS, JOHN A	ONE NATIONAL DR.	ATLANTA GA 30336	<input type="checkbox"/>
EVD	ROSENBERG, HERBERT J	ONE EATIONAL DR.	ATLANTA GA 30336	<input type="checkbox"/>
S	SELWYN, H. S	3316 PERKINS RD	AUGUSTA GA 30906	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
EVTD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
EVSD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

John A. Carlos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Carlos, Treasurer

Date

Daytime Phone #