

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000004680**

1. Entity Name

BAY DISTRIBUTORS, INC.**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90028 001 ***150.00

Principal Place of Business

**ONE NATIONAL DRIVE, SW
ATLANTA GA 30336**

Mailing Address

**PO BOX 44127
ATLANTA GA 30336**

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, 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

TITLE	C	<input type="checkbox"/> Delete
NAME	CARLOS, MICHAEL C	
STREET ADDRESS	ONE NATIONAL DR	
CITY-ST-ZIP	ATLANTA GA 30336	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, JAY M	
STREET ADDRESS	ONE NATIONAL DR	
CITY-ST-ZIP	ATLANTA GA 30336	
TITLE	EVTD	<input type="checkbox"/> Delete
NAME	CARLOS, JOHN A	
STREET ADDRESS	ONE NATIONAL DR.	
CITY-ST-ZIP	ATLANTA GA 30336	
TITLE	EVSD	<input type="checkbox"/> Delete
NAME	ROSENBERG, HERBERT J	
STREET ADDRESS	ONE EATIONAL DR.	
CITY-ST-ZIP	ATLANTA GA 30336	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SELWYN, H. S	
STREET ADDRESS	3316 PERKINS RD	
CITY-ST-ZIP	AUGUSTA GA 30906	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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

John A. Carlos**1/7/01**

Date

404-696-9440

Daytime Phone #

CR2E034 (10/00)

0445841