

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029939

1. Entity Name

BAINBRIDGE MANAGEMENT, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90187 004 ***150.00

Principal Place of Business

2170 POLO GARDENS DR., SUITE 204
 WELLINGTON FL 33414

Mailing Address

2170 POLO GARDENS DR., SUITE 204
 WELLINGTON FL 33414-2030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0823466

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 A
 2170 POLO GARDENS DR., SUITE 204
 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, 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 ☒ Delete
 NAME SCHECHTER, RICHARD A
 STREET ADDRESS 2170 POLO GARDENS DR., SUITE 204
 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 ☒ Delete
 NAME MEAD, SHEILA
 STREET ADDRESS 2170 POLO GARDENS DR., SUITE 204
 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 ☐ 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

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

4/27/00 5617938959
 Date Daytime Phone #

CR2E034 (9/99)