

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047477

1. Entity Name

BAYTREE REALTY, INC.

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

05-04-2000 90104 038 ***158.75

Principal Place of Business

400 HIGH POINT DR.. #500
 COCOA FL 32926

Mailing Address

400 HIGH POINT DR.. #500
 COCOA FL 32926-6661

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

59-3522019

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

VANI, THOMAS A
 2725 BARROW DR
 MERRITT ISLAND FL 32952

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 **P** ☐ Delete
 NAME VANI, THOMAS A
 STREET ADDRESS 2725 BARROW DR
 CITY-ST-ZIP MERRITT ISLAND FL 32952

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

TITLE **VPGM** ☒ Delete
 NAME MCDANIEL, LARRY R
 STREET ADDRESS 495 COUNTRY CLUB DR
 CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ Change ☒ Addition
 NAME VP Sales
 STREET ADDRESS Martin, Carole
 CITY-ST-ZIP 663 Palm Drive
 Satellite Beach, FL 32937

TITLE **TYPF** ☒ Delete
 NAME LEBLANC, MICHAEL L
 STREET ADDRESS 117 BONNIE LOU DR
 CITY-ST-ZIP PINE CASTLE FL 32809-6009

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

TITLE **S** ☐ Delete
 NAME LEPORIN, EILEEN S
 STREET ADDRESS 886 LINWOOD WAY
 CITY-ST-ZIP MELBOURNE FL 32940

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

321-636-0200

Daytime Phone #

CR2E034 (9/99)