

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90258 002 ***150.00

DOCUMENT # P98000093077

1. Entity Name

BAHAMA ISLAND, INC.

C0064318



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**450 LAKE RD.
 LAKE MARY FL 32746**

**450 LAKE RD.
 LAKE MARY FL 32746-3902**

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

APPLIED FOR

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

**DRAVES, DONNA L ESQ.
 120 E. CONCORD ST.
 ORLANDO FL 32801**

Name

PAUL TSCHAUSOFF

Street Address (P.O. Box Number is Not Acceptable)

450 LAKE RD.

City

LAKE MARY

FL

Zip Code

32746

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

PAUL TSCHAUSOFF *Paul Tschausoff*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-2000

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 **D** ☐ Delete
 NAME **TSCHAUSOFF, PAUL**
 STREET ADDRESS **450 LAKE RD.**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **P/D/C** ☒ Change ☐ Addition
 NAME **TSCHAUSOFF, PAUL**
 STREET ADDRESS **450 LAKE RD.**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V/T/S** ☐ Change ☒ Addition
 NAME **TSCHAUSOFF, LARA**
 STREET ADDRESS **450 LAKE RD.**
 CITY-ST-ZIP **LAKE MARY FL 32746**

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
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TITLE ☐ Delete
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 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:

Paul Tschausoff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-2000
 Date

407-805-1393
 Daytime Phone #

C:\14 1999