

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000019960

1. Entity Name
BAYSHORE HAVEN, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90086 023 ***150.00

0353354

Principal Place of Business
1510 S. MACDILL AVENUE
TAMPA FL 33629

Mailing Address
1510 S. MACDILL AVENUE
TAMPA FL 33629

00065478



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1611 W. Platt Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33606

USA

4. FEI Number 59-3604824

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

DIAZ, JOSEPH L
2522 WEST KENNEDY BLVD.
TAMPA FL 33609

Name Keith W. Koehler CPA
Street Address (P.O. Box Number is Not Acceptable)
Koehler & Company P.A.
1611 W. Platt Street
City Tampa FL Zip Code 33606

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

(NOTE: Registered Agent signature required when reinstating)

4/25/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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 D
NAME BAKER, TIMOTHY
STREET ADDRESS 3320 CARRINGTON STREET
CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

TITLE D
NAME RICK SAA, N.
STREET ADDRESS 8004 FOUNTAIN AVENUE - P.O. Box 13301
CITY-ST-ZIP TAMPA FL 33615-3361 33681 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 reports 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

Date

Phone #

04/28/01

CR2E034 (10/00)