

2000 UNIFORM BUSINESS REPORT (UBR)

3/1/00-90022-025-\$158.75-\$158.75

DOCUMENT # P99000032018

1. Entity Name

BAYSIDE LAND DEVELOPMENT, INC.

Principal Place of Business

1628 DALE MABRY HWY.
LUTZ FL 33549

Mailing Address

1628 DALE MABRY HWY.
LUTZ FL 33549-3034

2. Principal Place of Business

8018 OLD COUNTY RD 54
Suite, Apt. #, etc.

3. Mailing Address

8018 OLD COUNTY RD 54
Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

New Port Richey, FL

4. ESI Number

593423099

Applied For

Not Applicable

Zip

34653

Country

USA

Zip

34653

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENKRANZ, STANLEY W
SHEAR, NEWMAN, HAHN & ROSENKRANZ, P.A.
201 E KENNEDY BLVD., 10TH FLOOR
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WILSON, RANDY
CITY-ST-ZIP 1628 DALE MABRY HWY.
LUTZ FL 33549

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 a power of attorney.

SIGNATURE:

Stanley W. Rosenkrantz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-2000

Date

Daytime Phone #

FILED

00 APR -3 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)