

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032018

1. Entity Name

BAYSIDE LAND DEVELOPMENT, INC.

Principal Place of Business

8018 OLD COUNTY RD. 54  
NEW PORT RICHEY FL 34653

Mailing Address

8018 OLD COUNTY RD. 54  
NEW PORT RICHEY FL 34653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 ROBERT S. HOBBS  
Street Address (P.O. Box Number is Not Acceptable)  
3719 Swann Avenue  
City Tampa FL Zip Code 33609

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 of Registered Agent or authorized officer of the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/01

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, 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	<input type="checkbox"/> Delete
NAME	WILSON, RANDY	
STREET ADDRESS	1628 DALE MABRY HWY.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Randy	
STREET ADDRESS	8018 Old County Rd 54	
CITY-ST-ZIP	New Port Richey FL 34653	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chad Barker	
STREET ADDRESS	8018 Old County Rd 54	
CITY-ST-ZIP	New Port Richey FL 34653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/20/01 7273722555

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)