

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

001828

03-21-2001 90004 003 \*\*\*158.75

**DOCUMENT # S18595**

1. Entity Name  
**BAYVIEW FINANCIAL GROUP, INC.**

Principal Place of Business <b>P.O. BOX 11878          FT LAUDERDALE FL 33339-1878          US</b>	Mailing Address <b>P.O. BOX 11878          FT LAUDERDALE FL 33339-1878          US</b>
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2. Principal Place of Business <b>11715 Seaward Court</b>	3. Mailing Address <b>P. O. Box 350248</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Jacksonville, FL</b>	City & State <b>Jacksonville, FL</b>
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Zip <b>32225-1112</b>	Country <b>Duval</b>	Zip <b>32235-0248</b>	Country <b>Duval</b>
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4. FEI Number <b>65-0282124</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**RYAN, ANNE  
 2847 NE 26 PLACE  
 FT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent  
 Name: **Anne Ryan**  
 Street Address (P.O. Box Number is Not Acceptable):  
**11715 Seaward Court**  
 City: **Jacksonville** FL Zip Code: **32225-1112**

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: *Anne Ryan* **Anne Ryan** 3/16/01  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RYAN, ANNE</b> <b>2847 NE 26TH PL</b> <b>FT LAUDERDALE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11715 Seaward Court</b> <b>Jacksonville, FL 32225-1112</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Anne Ryan* **Anne Ryan** 3/16/01 904-997-1434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)