

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90223 036 ***150.00

DOCUMENT # S75489

1. Entity Name
BAY AREA BREWERS, INC.

Principal Place of Business

**20505 US HWY 19 N
 CLEARWATER FL 34624
 US**

Mailing Address

**1000 NW 1ST AVE
 SUITE 20
 BOCA RATON FL 33432**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1878C Dr. Andres Way
 Suite, Apt. #, etc.**

3. Mailing Address

**1878C Dr. Andres Way
 Suite, Apt. #, etc.**

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

65-0286188

Applied For

Not Applicable

Zip

Country

33445

P.B.

Zip

Country

33445

P.B.

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

**MANSFIELD, GARY
 1000 NW 1ST AVE
 SUITE 20
 BOCA RATON FL 33432**

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 **Gary Mansfield**

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, 2002 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 **MANSFIELD, GARY**
 STREET ADDRESS **1000 NW 1ST AVE., SUITE 20**
 CITY-ST-ZIP **BOCA RATON FL 34432**

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

TITLE **D** ☐ Delete
 NAME **MANSFIELD, LAWRENCE**
 STREET ADDRESS **1000 NW 1ST AVE., SUITE 20**
 CITY-ST-ZIP **BOCA RATON FL 34432**

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

TITLE **D** ☐ Delete
 NAME **MANSFIELD, MURIEL**
 STREET ADDRESS **1000 NW 1ST AVE., SUITE 20**
 CITY-ST-ZIP **BOCA RATON FL 34432**

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 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 561 265 3393

CR2E034 (9/01)