

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90096 037 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S94942**
 1. Entity Name
Bailey's Retreat, Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
22 Hammock Trace
 Suite, Apt. #, etc.

3. Mailing Address
22 Hammock Trace
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Crawfordville FL

City & State
Crawfordville FL

Zip
32327 Country
USA

Zip
32327 Country
USA

4. FEI Number
593104942

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Phillip B. Miller

Street Address (P.O. Box Number is Not Acceptable)
22 Hammock Trace

City
Crawfordville FL Zip Code
32327

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	Director/President Ned Bailey 170 Levy Bg Rd. Panacea, FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Secretary Phillip B. Miller 22 Hammock Trace Crawfordville, FL 32327
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Phillip B. Miller** **Phillip B. Miller Treas/Sec.** **4/30/2002** **421-7561**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)