

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-08-2002 90096 037 ***150.00

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

4. FEI Number

593104942

Applied For

Not Applicable

Zip

32327

Country

USA

Zip

32327

Country

USA

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)

DATE

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**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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)