OCUMENT	#	S9968	1
	"		

1. Entity Name

AGRA BAYMONT, INC.

Principal Place of Business
14100 58TH ST., NORTH
CLEARWATER FL 33760

Mailing Address

14100 58TH ST., NORTH **CLEARWATER FL 33760**

2. Principal Place of Business	3. Mailing Address	
	_	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
di		
* City & State	City & State	



FILED

DO NOT WRITE IN THIS SPACE

City & State		City & State			4. FEI Number 59-3	097564		\vdash	Applied For
Zip	Country Zip			try	5. Certificate of Status	181	\$8.75 Additional Fee Required		
6 Name	and Address of Current F		7 Name and Address	of New Re	aistered A	nent			

Name and Address of Current Registered QUACKENBUSH, MICHAEL P.

AGRA BAYMONT, INC. 14100 58TH STREET NORTH CLEARWATER FL 34620-0796

			_	_				-			_				▔

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

City

(NOTE: Registered Agent signature required when reinstating)

Name

Zip Code FL

DATE

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

9. This corporation is eligible to satisfy its Intangible

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. X Addition vstd ☐ Change TITLE Delete TITLE QUACKENBUSH, MICHAEL P. Jack Hiatt NAME NAME 14100 58th Street North STREET ADDRESS 14100 58TH ST., NORTH STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL 33760 Delete Addition TITI F DP TITLE ☐ Change Dan Morris NAME BROWN, R.W. NAME 14100 58th Street North STREET ADDRESS STREET ADDRESS 14100 58TH ST., NORTH CITY-ST-ZIP **CLEARWATER FL** CITY-ST-ZIP Clearwater, Florida 33760 Delete TITLE TITLE ☐ Change X Addition CD Keith Patterson NAME NAME GALANGE, DENNIS STREET ADDRESS STREET ADDRESS 14100 58th Street North 2020 WINSTON PARK DRIVE, SUITE 700 CITY-ST-ZIP CITY-ST-ZIP OAKVILLE, ONTARIO L6H- 6X7 Clearwater, Florida 33760 □XI Delete TITLE AS TITLE ☐ Change X Addition NAME PRENTICE, GUY NAME Ted Grillo STREET ADDRESS STREET ADDRESS 14100 58th Street North Clearwater, Florida 33760 2010 WINSTON PARK DRIVE CITY-ST-7IP CITY-ST-7IP oakville, ontario l6H 6A3 TITLE ☐ Delete TITLE ☐ Change X Addition NAME Thomson, Don NAME Arif Quadir STREET ADDRESS 14100 58TH STREET NORTH STREET ADDRESS 14100 58th Street North CITY-ST-ZIP CLEARWATER FL 33760 CITY-ST-ZIP <u>Clearwater, Florida 33760</u> VAS Delete AS TITLE TITLE Change X Addition NAME izzi, martin NAME Rob Beveridge STREET ADDRESS 14100 58TH STREET N. STREET ADDRESS 2020 Winston Park Drive, Suite 700 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760 <u>Oakville. Ontario L6H-6X7</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael P. Quackenbush

April 29, 2002

727-539-166

Daytime Phone #